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ABSTRACT

In order for individuals to make informed decisions about their health, they must have support, information, and skills to help them understand what promotes their health and what they themselves can do to enhance health. The major goals of the Northwest Territories (Canada) school health program are: to provide factual information on the human body; to enable students to develop skills that, along with factual information, will allow them to make informed choices related to health; to enhance students' self-esteem through self-understanding; to enable students to develop attitudes which lead to positive lifestyle behaviors; and to promote lifestyle practices which are conducive to lifelong health. This guide contains instructional strategies, lesson plans, reproducibles, and teacher background materials for third-grade classes. The material is organized around the seven units of the program: mental and emotional well-being, growth and development, family life, alcohol and other drugs, nutrition, safety and first aid, and dental health. This guide also contains an introduction to the complete program, including scope and sequence charts outlining the major topics at each grade level. A discussion of the language development approach for students who are not proficient in English is also included. (IAH)

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Northwest Territories

School Health Program

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Grade 3

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NORTHWEST TERRITORIES

School Health Program

GRADE 3

Northwest Territories Education
Health

March, 1991

NORTHWEST TERRITORIES

School Health Program

INTRODUCTION

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NORTHWEST TERRITORIES

School Health Program

PHILOSOPHY AND RATIONALE

THE RATIONALE FOR HEALTH EDUCATION

Traditionally, almost all human and financial resources related to health care in the Northwest Territories have been devoted to acute treatment of illnesses in nursing stations, doctors' offices, hospitals and drug treatment centres. The human and financial costs of this approach have been high.

This approach has led to dependence on medical institutions and professionals. As a result, there is a recognized need to promote a more comprehensive approach to health, especially as it relates to lifestyle. In addition to acute care services, this new approach would include education, environmental changes and greater individual responsibility for health.

THE NEED FOR A HEALTH EDUCATION PROGRAM IN N.W.T. SCHOOLS

Dr. Otto Schaefer, a well-known northern medical officer, has shown that abrupt changes in the diet of native populations have contributed to an increasing incidence of non-communicable diseases, such as cancer and obesity, as well as diseases of the respiratory and circulatory systems. Furthermore, according to Dr. Schaefer, the breakdown of the traditional social structure, specifically the family unit, is associated with wide-spread alcohol and drug abuse, increases in sexually transmitted diseases, family violence and suicide.

In November 1982, the survey "Tobacco Use Among Students in the Northwest Territories" reported that smoking rates in the school population of the N.W.T. were among the highest recorded for any school population in Canada. Smoking started in the early years of elementary school and by the late adolescent years (15 to 19), 49% of boys and 53% of girls were regular smokers. It also found that approximately 9% of Northwest Territories school children used chewing tobacco or snuff. It concluded that four variables were important in the decision to smoke — age, smoking behaviour of friends, smoking behaviour of brothers or sisters and parental smoking.

In 1984, according to the "Report on Health Conditions in the Northwest Territories", accidents, injury and violence accounted for more than 30% of all deaths. The rates for suicide, infant deaths, sexually transmitted diseases and teenage pregnancies were all above the national average.

In addition, there is evidence from treatment centres, that more and more young people are seeking help for drug problems at a younger age.

Also in 1984, the Social Program Evaluation Group from Queen's University, with a grant from Health and Welfare Canada, conducted the Canada Health Attitudes and Behaviours Survey in all provinces and territories. They conducted this survey in a number of selected communities in the Northwest Territories among Grade 4, Grade 7 and Grade 10 students. It concluded that with respect to:

Nutrition
- young people in the Northwest Territories were well below the national average for Grade 4 and Grade 7, and slightly below for Grade 10, in meeting the daily requirements of all four food groups (both in amount and variety);
- young people at all three grade levels consumed more foods with a high sugar content than their southern counterparts.

Alcohol & Drug Use
- higher than average percentage of Grade 7 and Grade 10 students in the Northwest Territories smoked cigarettes;
- of Grade 10 students, lower numbers used alcohol (some communities in which the surveys were conducted were "dry" communities);
- there was an extremely high incidence of cannabis use.

Self-esteem
- Northwest Territories young people felt slightly less positive about themselves and their relationships with their parents than other young Canadians.

Family Life Education
- a higher proportion of students in the N.W.T. than elsewhere in Canada learned about human sexuality in school.

Many of the problem health conditions identified in these and other studies are related to lifestyle behaviours and unhealthy environmental conditions which can be modified by the individual.

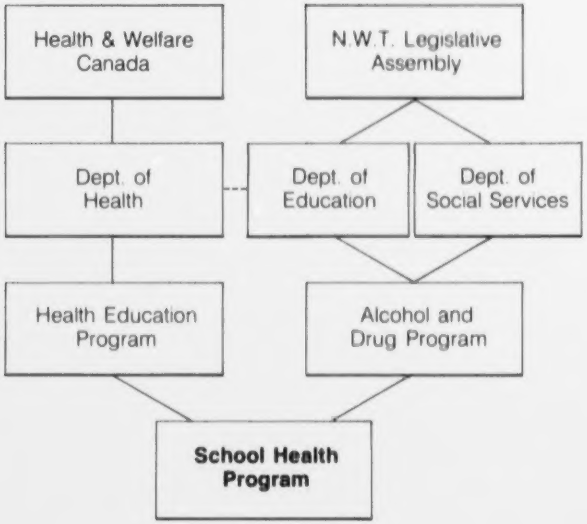
THE HISTORY OF THE N.W.T. SCHOOL HEALTH PROGRAM

Prior to 1979, teachers in the Northwest Territories had no formal health program to follow. In 1979, the Department of Education published ***"The Northwest Territories Community School Health Program."*** It outlined the goals which students should achieve by the end of Grade 9. Although the list of goals provided teachers with a framework for unit and lesson planning, it was not a comprehensive health program.

In 1983, on the premise that many of the health problems which exist in the Northwest Territories could be prevented or reduced through an education program in the schools, the Northwest Territories Department of Health received funding from Health and Welfare Canada to develop a program for Kindergarten to Grade 12 students in consultation with the Department of Education.

At the same time, the Northwest Territories Legislative Assembly allocated separate funding to the Department of Social Services and the Department of Education to develop an Alcohol and Drug Program for schools.

These two programs together form the Northwest Territories School Health Program.


Health & Welfare Canada
N.W.T. Legislative Assembly
Dept. of Health
Dept. of Education
Dept. of Social Services
Health Education Program
Alcohol and Drug Program
School Health Program

ASSESSING THE HEALTH NEEDS OF N.W.T. SCHOOL CHILDREN

The public, particularly parents and students, must accept a health education program in order for it to have an impact on their everyday lives. Such acceptance requires involvement. Local involvement also ensures the relevance of the program to the students for whom it is designed.

To ensure input by northerners, the Department of Health established two advisory committees with members representing professional, cultural and regional groups. These advisory committees provided general overall direction to the project.

The program staff conducted a comprehensive needs assessment to assess the perceived health needs of students in communities.

They distributed questionnaires to the following selected groups of people in every community in the Northwest Territories:
- pre-adolescent students and their parents
- adolescent students and their parents
- Local Education Authorities
- teachers
- administrators

The questionnaires asked:
- what aspects of health students were interested in;
- what parents thought it was important for their children to learn about health; and,
- what Local Education Authorities and teachers perceived the needs of the students in their local school were.

Well over 3000 people responded to the questionnaires. They made a significant contribution to this program by articulating the health needs of students.

At the same time, researchers examined statistical data about the delivery of health care in the Northwest Territories to determine why people in various age groups sought professional health care. They found, for example, that, in the 15-19 age group, the main reasons for health care were a result of injuries or poisoning. This was closely followed by diseases of the respiratory system.

Evidence from:
- the examination of problem health conditions in the N.W.T.
- the assessment of student health needs by themselves and others close to them, and
- the analysis of reasons why people seek medical help

indicates that many young people are seeking treatment for problem conditions which could have been prevented. Young people must be encouraged to accept responsibility for their own health in order to maintain and enhance personal health.

A VISION OF HEALTH

Health is a state of complete physical, mental and social well-being. It is the result of a dynamic interdependence of these elements, as well as cultural and spiritual elements. Any change which occurs in one dimension will affect the others.

To reach a state of complete well-being, an individual must be able to realize aspirations, satisfy needs and change or cope with the environment.

This vision of health and the premise that health is a resource for everyday life serves as a basis for the Northwest Territories School Health Program.

The World Health Organization states "Health promotion is the process of enabling people to increase control over, and to improve, their health."

This is done in three ways:

- through self-care i.e., making decisions and adopting practices which specifically preserve their health;
- through mutual aid i.e., helping each other, supporting each other emotionally, sharing ideas, information and experiences;
- through creating healthy environments i.e., altering or adapting social, economic and physical surroundings to maintain and enhance health.

In order for individuals to make informed decisions with regard to their health, they must have support, information and skills to help them understand what promotes their health and what they themselves can do to enhance health.

This is the focus of the Northwest Territories School Health Program.

THE ROLE OF SCHOOLS IN HEALTH PROMOTION

Health promotion is specifically dedicated to enabling individuals to take the lead role in determining the status of their own health. The growing commitment to health education programs in schools can create a supportive environment for the development of healthy practices by providing information and encouraging change. Many jurisdictions now acknowledge the importance of health to quality of life by requiring health education as part of the school curriculum.

It is important to articulate the role of the school in health promotion. It is also important to recognize the limitations of the school's role. The public expects a program such as the Northwest Territories School Health Program to solve all the current social, emotional or physical conditions which contribute to a less than perfect state of well-being among students. That is not the role of health education in the school. The School Health Program does complement the efforts of other agencies in health promotion in the N.W.T. by specifically providing information and by developing skills and attitudes to enable individuals to take the lead role in attaining healthy life styles. The school cannot, however, make the student choose a healthy lifestyle.

By providing information and by developing skills, the school, however, does influence beliefs and attitudes, and it is these changing beliefs and attitudes that impact on behaviour.

Health behaviour is related to the general beliefs:

- that people are vulnerable to problem health conditions;
- that these conditions produce undesirable consequences; and,
- that the consequences are usually preventable.

By influencing these health beliefs positively, the school will increase the probability of positive health behaviours.

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NORTHWEST TERRITORIES

School Health Program

IMPLEMENTATION

MAJOR GOALS

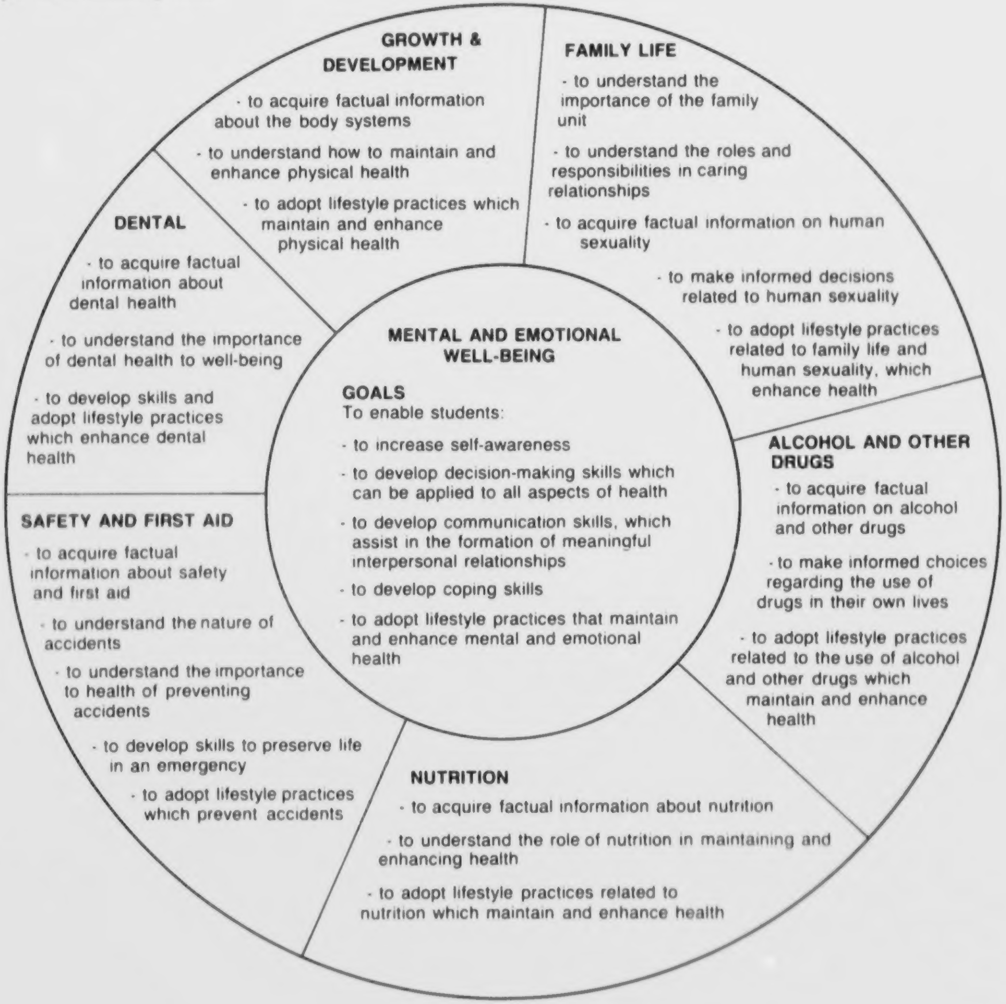
OF THE NORTHWEST TERRITORIES SCHOOL HEALTH PROGRAM

The major goals of the Northwest Territories School Health Program are:

- *to provide factual information on the human body;*
- *to enable students to develop skills that, along with the factual information, will allow them to make informed choices related to health;*
- *to enhance students' self-esteem through self-understanding;*
- *to enable students to develop attitudes which lead to positive lifestyle behaviours; and,*
- *to promote positive lifestyle practices which are conducive to lifelong health.*

THE UNITS OF THE PROGRAM

There are seven units in the program. The central unit is Mental and Emotional Well-Being. It is the major skill-building unit.



MENTAL AND EMOTIONAL WELL-BEING

GOALS
To enable students:

- to increase self-awareness
- to develop decision-making skills which can be applied to all aspects of health
- to develop communication skills, which assist in the formation of meaningful interpersonal relationships
- to develop coping skills
- to adopt lifestyle practices that maintain and enhance mental and emotional health

GROWTH & DEVELOPMENT

- to acquire factual information about the body systems
- to understand how to maintain and enhance physical health
- to adopt lifestyle practices which maintain and enhance physical health

FAMILY LIFE

- to understand the importance of the family unit
- to understand the roles and responsibilities in caring relationships
- to acquire factual information on human sexuality
- to make informed decisions related to human sexuality
- to adopt lifestyle practices related to family life and human sexuality, which enhance health

ALCOHOL AND OTHER DRUGS

- to acquire factual information on alcohol and other drugs
- to make informed choices regarding the use of drugs in their own lives
- to adopt lifestyle practices related to the use of alcohol and other drugs which maintain and enhance health

NUTRITION

- to acquire factual information about nutrition
- to understand the role of nutrition in maintaining and enhancing health
- to adopt lifestyle practices related to nutrition which maintain and enhance health

SAFETY AND FIRST AID

- to acquire factual information about safety and first aid
- to understand the nature of accidents
- to understand the importance to health of preventing accidents
- to develop skills to preserve life in an emergency
- to adopt lifestyle practices which prevent accidents

DENTAL

- to acquire factual information about dental health
- to understand the importance of dental health to well-being
- to develop skills and adopt lifestyle practices which enhance dental health

SCOPE AND SEQUENCE

The following charts provide an overview of the major topics, indicating at which grade they are taught.

UNIT	KINDERGARTEN	GRADE 1	GRADE 2	GRADE 3
Mental & Emotional Well-Being	**Self awareness** • physical characteristics • abilities • feelings **Relationships** • doing things with friends	**Self awareness** • physical characteristics • abilities • likes and dislikes **Relationships** • working and playing together • helping • sharing	**Self awareness** • feelings • expressing feelings appropriately **Relationships** • friends • making friends **Coping** • stressful situations	**Self awareness** • people are alike and different • everyone is unique **Relationships** • responsibilities • sharing responsibilities • different ways of communicating **Decision-Making** • choices • situations which require decisions
Growth & Development	**Body Systems** • external body parts • five sensory organs **Lifestyle** • positive daily and regular health habits	**Body Systems** • touch • taste • smell **Disease Prevention** • signs of sickness • germs spread diseases • disease prevention	**Body Systems** • sight • hearing **Lifestyle** • positive health habits **Health Care** • community health care workers **Environmental Health** • clean water, air and good soil	**Body Systems** • internal organs **Growth Patterns** • changes in height and weight **Disease Prevention** • personal responsibility for health **Environmental Health** • different kinds of pollution
Family Life		**Families** • different members • similarities/differences in family structures **Human Development & Reproduction** • external body parts/boys/girls **Abuse Prevention** • feelings associated with touch • safety rules • family/community support people	**Families** • families provide for the needs of their members • the maintenance of the family unit **Human Development & Reproduction** • living things reproduce and grow **Abuse Prevention** • potentially abusive situations • behaviours that maintain personal safety	**Families** • family structure changes with time • new family members • some family members require special care **Human Development & Reproduction** • body organs related to reproduction • human babies are created from the union of a sperm and egg

SCOPE AND SEQUENCE

UNIT	KINDERGARTEN	GRADE 1	GRADE 2	GRADE 3
Nutrition	**Food Identification** • foods and non-foods **Food Appreciation** • healthy snacks • unfamiliar foods	**Food Identification** • foods from plants and animals **Food Classification** • four food groups **Food Selection** • food from each food group **Food Appreciation** • nutritious food to start the day	**Food Identification** • different food forms **Food Classification** • functions of each food group • nutritious snacks **Food Selection** • nutritious meals **Food Appreciation** • different food forms	**Food Classification** • classifying into food groups • function of each food group • common foods which do not belong to a food group **Food Selection** • nutritious eating for one day **Food Appreciation** • nutritious food to start the day
Dental	**Structure and Function** • primary and permanent teeth • teeth functions **Oral Hygiene** • toothbrushing skills **Dental Health** • safe and unsafe food	**Structure and Function** • primary and permanent teeth • teeth functions **Oral Hygiene** • toothbrushing skills **Dental Health** • safe and unsafe food • safe and unsafe behaviours **Dental Disease** • tooth decay **Dental Services and Products** • local dental health workers	**Structure and Function** • primary and permanent teeth **Oral Hygiene** •flossing skills **Dental Health** • safe and unsafe snacks **Dental Disease** • dental plaque **Dental Services and Products** • common dental health products	**Structure and Function** • specific tooth groups and their functions **Oral Hygiene** • toothbrushing and flossing skills **Dental Disease** • dental plaque **Dental Services and Products** • personal responsibility for dental health care • community dental health workers
Safety & First Aid	**Personal Safety** • personal safety rules • personal identity facts • community safety helpers • safety rules for pedestrians **Fire Safety** • fire drill procedures **Safety** • poisons • poison warning sign • tasting unknown substances • hazard warning signs	**Personal Safety** • personal safety rules • personal identity facts • community safety helpers • emergency phone calls **Accident Prevention** • burns and scalds • falls **First Aid** • first aid for minor cuts **Safety** • poisons • sniffing unsafe substances • tasting unknown substances	**Burn Prevention** • safety rules around electricity **Bicycle Safety** • bicycle rules and traffic laws **Outdoor Safety** • frostbite **Firearm Safety** • firearm safety rules **First Aid** • nosebleeds **Safety** • hazard warning signs • common unsafe substances • rules for unsafe substances	**Burn Prevention** • burns and scalds **Fire Safety** • clothes on fire • burning buildings **Outdoor Safety** • ice safety **Personal Safety** • animal bites **Safety** • hazard warning signs
Alcohol & Other Drugs		**Drugs** • medicine safety	**Drugs** • medicines are drugs • medicines may be helpful and harmful	**Drugs** • sources of medicines • rules for medicines • common substances which contain drugs **Tobacco** • effects of tobacco **Well-Being** • improving their well-being

SCOPE AND SEQUENCE

UNIT	GRADE 4	GRADE 5	GRADE 6
Mental & Emotional Well-Being	**Self awareness** • strengths and weaknesses • activities affect how people feel **Relationships** • caring behaviours **Decision-Making** • the effects of choices • peer influence • resisting peer pressure	**Relationships** • communication/effective speaking/ active listening • assertive communication skills • the refusal process **Decision-Making** • advertising influence **Coping** • stressful situations • signs of stress • ways of dealing with stress	**Relationships** • responsibilities in maintaining a relationship • volunteerism **Decision-Making** • values • the decision-making process • group decisions **Coping** • time management **Lifestyle** • assessing/improving personal characteristics
Growth & Development	**Body Systems** • digestive system **Disease Prevention** • communicable/non-communicable diseases **Environmental Health** • safe drinking water **Health Care System** • health care supports	**Body Systems** • respiratory system/circulatory system • lifestyle behaviours for a healthy cardiovascular system	**Body Systems** • excretory system/nervous system **Disease Prevention** • germ entry into the body • the three lines of defence • AIDS prevention
Family Life	**Families** • families provide for the needs of their members • family traditions **Human Development and Reproduction** • characteristic changes of puberty • reproductive system • menstruation (optional lesson for girls only) **Abuse Prevention** • touches that produce negative or confused feelings • family/community support people	**Families** • male/female roles • family activities **Human Development and Reproduction** • characteristic changes of puberty • reproductive system • menstruation • reproductive process/sex cell development/journey of sperm/ intercourse/fertilization	**Families** • responsibilities and relationships change with time • importance of elders **Human Development and Reproduction** • endocrine system • relationship between puberty and the endocrine system • relationship between reproduction and menstruation • reproductive process/stages of fetal development **Abuse Prevention** • sexual abuse/behaviours which prevent abuse • family/community support people

SCOPE AND SEQUENCE

UNIT	GRADE 4	GRADE 5	GRADE 6
Nutrition	**Food Classification** • six major nutrients • sources of major nutrients • nutritious and non-nutritious snacks **Food Selection** • factors that affect food choices **Food Appreciation** • nutritious snacks	**Food Classification** • leader nutrients and their functions • sources of leader nutrients **Food Selection** • recommended daily servings • food availability • food processing **Food Appreciation** • a nutritious northern meal	**Food Classification** • leader nutrients and their functions • sources of leader nutrients **Food Selection** • serving sizes • balanced food intake • reading food labels **Lifestyle** • personal nutrition program
Dental	**Structure and Function** • structure and functions of teeth **Oral Hygiene** • oral hygiene skills • healthy dental behaviours **Dental Health** • dental hazards • preventing dental injuries **Dental Disease** • tooth decay • fluoride **Dental Services and Products** • dental health care	**Oral Hygiene** • toothbrushing and flossing skills **Dental Health** • effects of tobacco products **Dental Services and Products** • benefits and disadvantages of dental health products • homemade toothpaste • role of dental health workers	**Structure and Function** • structure and functions of teeth **Oral Hygiene** • oral hygiene skills • healthy dental behaviours **Dental Disease** • common dental health problems • signs of dental health problems • treatment for dental health problems • preventing dental health problems **Lifestyle** • personal dental health program
Safety & First Aid	**Burn Prevention** • scalds **Bicycle Safety** • bike maintenance • bike skills and safety rules **Fire Safety** • common causes of fire • fire exit plans • individual responsibility **First Aid** • frostbite and hypothermia **Motor Vehicle Safety** • all terrain vehicles • snowmobiles	**Burn Prevention** • burns from flames • burns from electricity **Fire Safety** • home/campfire safety **Outdoor Safety** • safe camping • water and ice safety **First Aid** • burns • external bleeding	**Motor Vehicle Safety** • all terrain vehicles • snowmobiles **Babysitting Safety** • responsibilities • common injuries • safety rules • emergencies **Outdoor Safety** • survival **First Aid** • artificial respiration • choking • external bleeding • poisoning • unconciousness **Lifestyle** • importance of first aid • safety organizations and professionals • personal safety and first aid program
Alcohol & Other Drugs	**Drugs** • specific drugs in commonly used substances • medical and non-medical drugs • effect of drugs on the brain • reasons for using/not using drugs • personal responsibility for decisions about use of drugs • use and misuse of drugs **Caffeine** • caffeine affects the body **Alcohol** • alcohol affects the body • factors which determine the effects of alcohol • reasons for using/not using alcohol • misuse of alcohol • community resources for alcohol problems **Well-Being** • feeling good without drugs	**Drugs** • specific drugs in commonly used substances • tobacco affects the body • drug myths • community resources for drug information • peer pressure/advertising influence decisions about drug use **Alcohol** • short/long term effects of alcohol • use and misuse of alcohol • community resources for alcohol problems **Well-Being** • feeling good without drugs	**Drugs** • personal responsibility for decisions about drug use • values related to drug use • drug myths • peer pressure/advertising influence decisions about drug use **Alcohol** • factors which determine the effects of alcohol • social effects of alcohol misuse • effects of alcohol on young people **Well-Being** • individual activities which promote well-being • leisure time activities in the community

SCOPE AND SEQUENCE

UNIT	GRADE 7	GRADE 8	GRADE 9
Mental & Emotional Well-Being	• self-esteem • conversations • criticism • personal plan to enhance self-esteem	• characeristics of effective working groups • reasons for forming group • depression • suicide • stress - causes - methods of dealing with stress	• future career choices • job seeking • assessment of personal lifestyles • personal plan to improve lifestyle
Growth & Development	• integumentary system/immune system • common health problems of adolescence • health behaviours which help prevent adult health problems • physical fitness - components - personal plan	• skeletal system/muscular system • personal exercise plan for the muscular system	• inter-relationship of the body system • NWT Health Care system - function - responsible use • economics of health care • health careers
Family Life	• family decisions • family communication • reproductive system - function • relationship between endocrine system and the menstrual cycle • stages of the reproductive process • abstinence • risks and consequences of early pregnancy • sexually transmitted diseases - AIDS - chlamydia - gonorrhea - preventive behaviours • sexual assault - common myths - consequences for victim and offender • potentially dangerous situations • behaviours which help prevent sexual assault	• family structures change • menstruation - the implications • stages of the reproductive process • abstinence and assertiveness • positive health behaviours related to pregnancy • sexually transmitted diseases - AIDS - syphillis - trichomonas - pubic lice - preventive behaviours • birth control - methods - attitudes • family violence - causal factors - coping	• sex-role stereotyping • effective parenting • support systems for families • reproductive system - its role in the formation of new life • heredity • fetal development - stages - risk factors • birth control - risks and consequences • unplanned pregnancy - alternatives - attitudes - prevention • positive lifestyle practices related to family life • constructive relationships

SCOPE AND SEQUENCE

UNIT	GRADE 7	GRADE 8	GRADE 9
Nutrition	**Food Classification** • NWT Food Guide **Food Selection** • menu planning for different age groups **Food Consumerism** • advertising affects food choices • food additives **Food Appreciation** • food items with few additives	**Energy Balance** • energy needs • stored energy • energy intake and output **Food Consumerism** • analyzing diets **Lifestyle** • weight control	**Food Selection** • factors that influence food choices • food customs in the NWT • community feast menu **Lifestyle** • nutrition concerns in the NWT • preventive behaviours • Canadian nutrition and dietary recommendations • personal nutrition program
Dental	**Dental Health** • dental emergencies **Dental Disease** • common dental health problems of children and youth • nursing bottle mouth	**Dental Health** • safe, unsafe foods **Dental Services and Products** • professional preventive procedures • fluoride • common dental health products **Lifestyle** • personal action plan for dental health	**Dental Health** • behaviours/factors that promote dental health **Dental Careers** • requirements for dental careers **Lifestyle** • positive lifestyle practices related to dental health
Safety & First Aid	**Babysitting Safety** • responsibilities • common injuries • childcare routines and play • safety rules **Outdoor Safety** • firearm safety **First Aid** • burns • poisoning **Lifestyle** • safety organizations and professionals • personal safety and first aid program	**Outdoor Safety** • survival safety • boating safety • sports safety **First Aid** • frostbite/hypothermia • head/eye injuries • diabetic emergencies • epileptic seizures/convulsions • fainting **Lifestyle** • importance of first aid • personal safety and first aid program	**First Aid** • artificial respiration • choking • external/internal bleeding • shock • unconsciousness • fractures, sprains, dislocations • heart attacks, strokes • poisoning **Lifestyle** • leading causes of injuries/accidental death • personal safety and first aid program
Alcohol & Other Drugs	**Drugs** • methods of taking drugs • different categories of drugs • traditional medicine **Alcohol** • different types of alcohol • metabolism of alcohol • effects of alcohol • reasons for using/not using alcohol **Cannabis** • cannabis and the body **Well-Being** • peer pressure and drug use • positive role models	**Drugs** • dangers of combining drugs • advertising influences decisions about drug use **Alcohol** • historical use of alcohol • use, misuse, abuse of alcohol • community resources for alcohol problems • teenage alcohol problems • fetal alcohol syndrome • advertising influences decisions about alcohol use **Cannabis** • physical and psychological effects of cannabis • cannabis and the reproductive system	**Drugs** • drug groups • side effects of drugs • drugs and the law **Alcohol** • alcohol and the law • The Young Offenders' Act • local control of alcohol **Well-Being** • personal attitudes towards drug use

TIME ALLOCATION

Effective September 1987, Health Education will become a required part of the school curriculum.

During the first year of implementation, teachers will implement 40 hours of the program. Thereafter, the recommended minimum time allocation for health education will be 60 hours per year for Grade 1 to Grade 9 students. (Since many Kindergarten students attend school for only half a day, it is not possible to recommend 60 hours for that Grade. However, health education should be taught in Kindergarten.)

This means approximately 90 minutes per week for a school with a 190 day school year,

- or 3 x 30 minute lessons per week at the elementary level
- and 2 x 45 minute lessons per week at the junior high level.

The following recommended hourly time allocations apply to each unit:

Teachers should note that time requirements for Nutrition, Dental Health and Safety and First Aid have been calculated; however, these units will not be available until September 1988.

Differences in age, experience, language proficiency and developmental level will influence each student's learning. Some students may require enrichment activities or additional assistance. Some lessons will take more than one class period, but allowance has been made in the time allocations for this to happen.

Since Mental and Emotional Well-Being is the basic skill-building unit, and since Growth and Development contains much of the information about the body systems, the Department of Education recommends teaching these two units prior to introducing any other unit.

UNIT	**GRADE**								
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
Mental & Emotional	10	10	10	10	10	10	10	10	10
Growth & Development	10	10	10	10	10	10	8	8	8
Family Life	10	10	10	10	10	10	12	12	12
Alcohol & Other Drugs	6	6	6	8	8	10	10	10	10
Nutrition	8	8	8	8	8	6	6	6	6
Dental	8	8	8	6	6	6	4	4	4
Safety & First Aid	8	8	8	8	8	8	10	10	10

THE LESSON FORMAT

The program is laid out in an easy-to-follow, easy-to-use format. Each lesson indicates the ***unit name, the grade level, lesson number*** and ***theme:***

e.g., Growth and Development
Grade 1 Lesson: 3 Theme: Body Systems

The ***concept*** for each lesson is clearly articulated at the start of the lesson. Concepts may be repeated within a single grade or between grades. The different objectives, however, ensure that students move from a basic understanding to a more advanced understanding of the same concept.

The ***preparation*** outlines all the tasks which a teacher will have to complete prior to teaching the lesson and all the materials or resources which are required for that particular lesson.

The ***vocabulary*** is not an all-inclusive list of words with which students should be familiar. Rather, it is a basic list of the terms which students will have to understand and be able to use in order to learn about the concept. Individual teachers are in the best position to determine the language needs of their students for each lesson.

The lessons, themselves, are divided into three columns:

- the ***objectives***, which are behavioural objectives students should achieve, once they have participated in the lesson;
- ***student activities***, which are suggested activities that teachers may use with their students to help them achieve the objectives. Teachers should select those activities which are most suitable for their class. They may have to adapt some for the particular students in their class. For younger grades, activities have been made as "hands on" and concrete as possible;
- the ***teacher notes***, which provide some basic information, as well as more detail for teachers on how to carry out activities.

At the end of each unit, on coloured pages, ***teacher background information*** provides more detail on specific topics.

The pages are numbered so that teachers who are looking for a particular lesson will be able to locate it easily.

Each unit has reference letters:

ME — Mental and Emotional Well-Being
GD — Growth and Development
FL — Family Life

Following the reference letter is a number which indicates the lesson number in a particular unit e.g., ME 3 means the third lesson of the Mental and Emotional Well-Being Unit for that particular grade.

The next number indicates the overall page of that unit, e.g., ME 3.12 means the third lesson of the Mental and Emotional Well-Being Unit, the twelfth page of the whole unit. So in other words, teachers can look up the regular page number of each unit, or the lesson number.

Teachers should note that one lesson in the program may take more than one class period, depending on student's previous knowledge, experience and language proficiency. Allowance has been made in the time allocation for this.

APPROACHES TO THE TEACHING OF HEALTH

The methods which an individual teacher uses with this program are as important as the content. Since the program is designed to influence beliefs and attitudes, it is important for students to examine their own and other people's beliefs and attitudes. It is also important for students to practise, in simulated situations, the skills which they are developing, so that using these skills will become second nature to them in the real world. This involves students sharing opinions, feelings, beliefs and information. Both classroom atmosphere and methods will contribute to the success of the program.

BUILDING A POSITIVE CLASSROOM ATMOSPHERE

The success of this program will depend on the establishment of a positive classroom atmosphere, where students and teachers feel comfortable with each other when discussing personal or sensitive issues.

A number of factors will contribute to this positive classroom atmosphere:
- an attitude of mutual respect, where "put-downs" are not acceptable;
- a non-judgemental atmosphere, where each person's opinion is valued;
- openness, honesty and trust by teacher and students;
- confidentiality, where students are not afraid that opinions or information are discussed openly outside the class.

Prior to starting the lessons, teachers should discuss with students the importance of each of these factors. Teachers should remind students of them regularly throughout the lessons.

In the Family Life Unit, students may demonstrate initial embarassment with the topic by giggling or laughing. This is often because they feel uncomfortable with discussing the topic of sexuality. These feelings will diminish:
- as they become more familiar with the subject;
- if other factors outlined above are contributing to a positive classroom atmosphere;
- if the teacher is comfortable with the subject.

THE TEACHING OF VALUES

Health Education, and especially the Family Life component, cannot be taught without discussing values. The School Health Program uses universal values as the basis for decision-making on any health-related matter, including sexuality.

The program focuses on these values:
- a sense of caring
- respect for self, family and others
- kindness
- honesty and justice
- compassion
- non-exploitation

All units of the program encourage respect for family and cultural values, religious beliefs and the law.

Teachers are encouraged to ask groups of resource people with different points of view to present their views on controversial issues to older students. For example, a discussion on birth control may take the form of a panel discussion, where the members include people with differing opinions. This provides students with the opportunity to listen to other people's opinions, to question them and to think about the expressed opinions in a respectful atmosphere.

Teachers must be alert to the dangers of imposing their values on students. Being non-judgemental will encourage students to be more open.

APPROPRIATE TECHNIQUES FOR TEACHING HEALTH

A number of teaching techniques are particularly appropriate for this program.

1. *Small Group Discussion*

   Dividing students up into small groups encourages free discussion. It encourages students who are reluctant to speak out in a large group to feel more comfortable, and also gives students an opportunity to learn from each other.

   Successful small group discussion depends upon:
   - encouraging students to take a risk in sharing information
   - establishing rules at the beginning of the sessions e.g.,
     - no insults or put downs
     - only one person talks at a time
     - show respect for each other's opinion
     - everyone gets a turn, but may choose to pass
   - thinking about the composition of the groups e.g.,
     - is there a competent leader?
     - is there an even mix of the sexes?
     - is there a mix of extroverted and introverted children?
   - starting to use small group discussions at a young age, so that students become used to this method of sharing
   - always concluding the activity by asking one person from each group to report its discussion to the rest of the class.

2. *Brainstorming*

   Use brainstorming to solicit ideas or opinions from the students. Gather as many opinions as possible, without making any value judgements on them. This allows for the free flow of ideas. Write the suggestions on the chalkboard or flip chart paper. After brainstorming, categorize and discuss the ideas. This is often effective in small groups.

   Five rules of brainstorming to remember are:
   - do not evaluate the ideas until after the brainstorming session;
   - quantity is more important than quality — list as many ideas as possible in a given length of time;
   - expand on the ideas of others — if someone else's idea prompts another idea, share it;
   - encourage creativity; and,
   - record all ideas.

3. *Roleplaying*

   Roleplaying is an essential element of any program which influences attitudes and behaviours. Not all teachers, or all students, feel comfortable using roleplay. However, there are some steps to follow which will increase the success of this method:
   - decide on the topic of the roleplay;
   - start by using volunteers;
   - discuss the scenario to be acted out. Help the students to understand what to look for;
   - discuss each person's part, using a hypothetical situation. Ask students how the person would feel, and what the person would say or do in that situation;
   - have the students act out the scene;
   - always finish the roleplay with a discussion about the different people in the scenario, their feelings and possible alternatives;
   - the more frequently you use roleplay as a teaching method, the more proficient the students will become and the more successful it will be; and,
   - if role play is not successful the first time, do not give up. Try again!

4. *The Question Box*

   When dealing with topics of a sensitive nature, such as those in the Family Life Unit or the Alcohol and Other Drugs Unit, students may be reluctant to ask questions publicly. Use of a question box allows students to ask questions anonymously, and facilitates discussion of a difficult topic which students wish to bring up.

   At the end of each class, or at the end of a particular session, let students know that they will be able to write down any question which they wish to ask and to put it into the question box anonymously. At the beginning of the next class, the teacher will respond to the questions in the box.

   Another effective use of the question box is to ask students at the beginning of the sessions to write down questions which they wish to have answered during the classes. This allows the teacher to structure the program around the needs of the students.

THE LANGUAGE DEVELOPMENT APPROACH AND THE N.W.T. SCHOOL HEALTH PROGRAM

Who Should Use the Language Development Approach

Students in the Northwest Territories come to school understanding and speaking a number of different languages. Where appropriate, where possible and where mandated by parents and/or L.E.A.'s, teachers should instruct students in Health Education classes in the language in which they are most proficient.

In some communities, students are not proficient in their first language, parents do not want instruction in the first language, or staff, programs and materials are not available to teach in the first language. In those situations, schools instruct Health Education classes in English. Because students in these communities may not be proficient in the English used to teach the curriculum, teachers of Health must take the time and make the effort to teach students the language required to talk, read and write about Health concepts. Success in the Health Education program is not otherwise possible.

The Department of Education directs the use of the Language Development Approach for students who are not proficient in English when it is the language of instruction and for students who are learning English as a Second Language. It is the responsibility of teachers at all levels to use the Language Development framework when preparing their own lessons or presenting lessons provided in the Health units.

What is the Purpose of the Language Development Approach?

The primary purpose of the Language Development Approach is to provide students with the vocabulary and sentence patterns necessary to succeed in school and, in this program, to learn about health concepts. A related aim is to help students develop thinking skills and to use the language of instruction for a variety of purposes: to imagine, to investigate, to explain, to describe, to question, etc.

A second purpose of the approach is to help students learn the vocabulary and sentence patterns required to communicate in various social situations. It provides them with opportunities to learn to use additional language to satisfy needs, to regulate personal behaviour, and to establish and define social behaviour. This purpose is secondary because many students have a first language to use to fulfill these purposes.

The Principles of the Language Development Approach

The Language Development Approach draws on elements of many traditional and contemporary practices in first and second language teaching to form the following set of principles on which to build classroom practice:

1. ***Students need to have their experiences, skills, knowledge, and, particularly, the language they bring to school identified and used as the basis for the school language program.***

   This means the Health Education Program should identify and relate new concepts to the students' past experiences, previous knowledge, and immediate environment. Studies indicate that when teaching does not relate to students' everyday lives or existing ideas, little learning takes place.

   In the cross cultural classroom of the N.W.T. and with sensitive issues such as family life, it is particularly important to determine students' ideas, family values and relevant experiences, before teaching the lessons.

2. ***Students need to learn to articulate for themselves and to communicate their thoughts, feelings, needs, opinions, and intentions for a variety of purposes in many different communication contexts. They need to be able to understand, learn from and respond to the communication of others.***

   This involves being able to:
   - express/inquire about personal needs, desires, feelings, attitudes etc.
   - socialize
   - direct the actions of the self and the actions of others
   - impart and seek factual information on past and present experiences
   - reason logically
   - make and express predictions
   - project into the experiences, feelings, and reaction of others
   - determine and express intellectual attitudes
   - evaluate

The Health program should involve students in a variety of activities which require them to use language in all these ways. Traditional paper and pencil exercises must be extended to include graphing, interviewing, reporting, researching, investigating, problem solving, etc.

3. ***Students need to learn language to communicate, but they also use language to learn. Therefore, language should be taught across the curriculum.***

   The Health Education program should teach second language students the language they require to learn about new concepts. Success in Health is not possible otherwise. This may mean teachers cannot cover all concepts for all topics. It is preferable to cover some concepts for all topics rather than omitting some topics altogether.

4. ***Second language students need to spend more time learning to communicate in the language of instruction than they do learning about the language of instruction.***

   The time spent in Health Education teaching students language should be devoted to introducing, practising, and applying the vocabulary and sentence patterns students require to talk, read, and write about a concept.

5. ***Students need to learn language that is meaningful. It is easiest to accomplish this when teaching language in a context. Without adequate concept development, the language students learn is either vague or devoid of meaning.***

   The Health Education program should take the time to ensure that students learning new concepts have enough first hand or indirect experiences with the concepts to understand them clearly. There is no point in students studying material they don't understand. If teachers do not make the material understandable, students will supply their own meanings. These may or may not be appropriate!

6. ***Students need to learn to develop their thinking skills and to engage in more abstract levels of thoughts as they mature. They must learn the language that allows them to express their thinking about concepts. Initially, they need to learn the concrete vocabulary and functional sentence patterns which enable them to recall, match, sequence, classify, etc. Eventually they need to learn more complex sentence patterns so that they can generalize, analyze, hypothesize, imagine, predict and evaluate.***

   The Health Education program for primary students should concentrate on teaching and using concrete thinking skills. The Health Education program for older students should introduce more abstract thinking skills as students can handle them.

7. ***Students need to participate in language activities that integrate the lahguage strands of listening, speaking, reading and writing. Specific skills taught will vary with the proficiency level of the students. Reading and writing activities should use language which students have internalized aurally/orally.***

   The language activities in the Health Education program should include all four language strands. Students who cannot talk about a concept will have difficulty reading and writing about it.

8. ***Students need to learn "real" language and how to use it in the natural situations in which it is required.***

   The language included in the Health Education program should be as close as possible to the everyday vocabulary and sentence patterns people actually use to talk or write about a concept. Students need to get into the community to use the language they are learning with people outside the classroom.

Program content, classroom organization and teaching techniques used to develop concepts and skills should:

a) reflect all the above principles
b) vary according to
  - the language proficiency of the students in the first and second language
  - cultural background (experiences, interests)
  - age/grade levels
  - type of topic
  - learning style of students
  - materials and equipment available
  - teaching style of teacher

These principles are also valid for students who speak English as a first language. The difference lies in the methods and techniques used. Although designed for second language students, the Language Development Approach allows flexibility in choosing specific classroom practices and techniques to meet the varied language needs of students.

LANGUAGE DEVELOPMENT FRAMEWORK

The Language Development Approach uses the following framework to structure lessons involving conceptual development and language learning for any subject area or for topics of personal interest or cultural relevance

Intellectual Skills
- Perceiving
- Retrieving
- Recalling
- Matching
- Sequencing
- Classifying
- Comparing/Contrasting
- Generalizing
- Inferring
- Predicting
- Interpreting
- Hypothesizing
- Imagining
- Applying
- Analyzing
- Synthesizing
- Evaluating

Phase One: Concept Development
Language Exposure
Assessment
Concept Introduction
Language Items Introduction

Phase Two: Language Practice
Assessment
Concept Consolidation
Language Internalization
Skills Development
  Listening
  Speaking
  Reading
  Writing

Phase Three: Communicative Application
Assessment
Listening and Reading
  Comprehension
Speaking and Writing
  Creative Expression

Based on the work of Jim MacDiarmid
Adapted by B. Pugh and C. McGregor

How to Develop a Language Development Unit

1. Identify the topic of study from the Health Education program.

2. Determine the key concepts and sub-concepts for the topic. Use brainstorming, semantic mapping, or content diagramming to outline these concepts for your own reference.

3. Assess and predict what experiences, knowledge, interests and attitudes students already possess which you can relate to the concept and subconcepts of the topic through:
   - observing the activities in the community in which students engage;
   - determining previous school experiences students have had with respect to the topic;
   - talking with classroom assistants, parents, L.E.A. members, older students, etc.;
   - observing students in the classroom.

4. Determine what materials and resources are available in the school and community to teach the key concepts and sub-concepts.

5. Brainstorm techniques and activities that you can use to teach the concepts and sub-concepts of the unit. Keep in mind the cognitive maturity, proficiency level, and background experiences of the students in the class.

6. Brainstorm the language items (vocabulary and sentence patterns) that students need to know in order to understand and discuss the concepts and subconcepts of the topic.

7. Determine other language items students may need to know in order to carry out the activities.

8. Predict which language items students already know. Predict language items students have in their linguistic storehouses that you can use to introduce the concept specific language.

9. Plan an initial assessment activity that identifies which experiences, concepts and language items students already have for the topic.

10. Plan specific lessons to teach key concepts, subconcepts and associated language.

11. Plan culminating activities which provide students with opportunities to consolidate and use knowledge and language learned throughout the unit. These can be sharing sessions with other classes, parents or community members.

12. Plan activities that evaluate student progress; these should determine what they have learned from the unit in terms of concepts, attitudes, skills and language items.

How to Plan Language Development Lessons

Plan specific lessons to teach key concepts and subconcepts using the Language Development Framework.

Concept Development/Language Exposure Activities

Choose concept development activities that help students relate previous knowledge to the topic of study or fill gaps in that knowledge. These activities should involve direct, first-hand, active learning with concrete materials as much as possible. Where necessary, use indirect experiences (films, filmstrips, pictures, etc.) to allow students to move beyond the confines of the immediate classroom to explore concepts associated with other times and places. Plan several activities which introduce and reinforce the concepts in different ways.

While students learn about the concepts, activities should also introduce them to new language items which express the concepts. The activities should help students to associate new vocabulary with relevant objects or actions and to express the relationships among concepts with appropriate sentence patterns.

Language Practice Activities

In this part of the lesson, students use the new language items introduced in concept development activities in a variety of activities that develop listening, speaking, reading, and writing skills. Through intensive practice of items in a variety of ways, students come to "own" the new language, i.e., commit it to memory so that it becomes part of their permanent storehouse of language items. These activities should also strengthen the bond developed between the new concepts and the language items that represent those concepts. While the whole class may participate in most of the concept development activities, it is important to group students for language practice according to their language needs and skills. During these group activities you can assess how well students are mastering new language items.

Communicative Application

The final phase of the lesson sequence includes opportunities for students to use their acquired knowledge and language to communicate in a variety of situations. Students will demonstrate that they have understood the new concepts and can use the new language items by interacting with others. Activities should involve students in listening, speaking, reading, and writing to solve problems, bridge an information gap, share information, complete a task, develop an arts and crafts project, or share a finished product. These activities will provide students with an opportunity to explore related concepts and language, eventually coming full circle to new concept development and language exposure. While students complete these activities, the teacher can meet individually with students to assess the extent to which they have mastered the concepts and language from the lesson.

Intellectual Skills

An essential component of the framework is the development of intellectual skills. Learning new concepts and language involves thinking skills. On the other hand, the ability to think abstractly involves conceptual and linguistic knowledge.

In the Concept Development/Language Exposure phase, plan assessment activities that establish whether or not students have basic building block concepts and language to engage in more abstract thinking about a topic. Subsequent activities can fill gaps and/or extend the students' background. The structured nature of Language Practice activities demands less high level intellectual activity. Answers are more convergent in nature; the information readily provided or available. However, Communicative Application activities should involve more divergent thinking. Students can draw on what they already have learned during the previous two phases to bridge an information gap or solve a problem.

INITIAL ASSESSMENT ACTIVITIES

In order to help teachers assess where to start with the program, the following activities should be done before teaching each lesson. They will assist in determining:

- what students already know about the concepts and therefore where instruction should begin;
- what interests students have in the topic and therefore the direction the unit should take; and,
- what language students already have to discuss the topic and what language they require.

One of the basic principles of all good teaching is that teachers should start with the student when planning and carrying out a unit. Before beginning the unit, it is important to assess students' knowledge of and interest in the topic. Teachers should determine what students already know about the topic/concepts they intend to cover. What ideas do students already have? What misconceptions do they have which must be addressed? What gaps are there in their knowledge which require teaching certain lessons? What concepts do students know well enough so that teachers can skip the lessons which teach those concepts? What questions do they have? What relationships do they see between different aspects of the topic?

It is also important to identify what experiences students have which relate to the topic/concepts. By identifying these and building upon them in the lessons, teachers can help students relate the new ideas and information to their own lives. It is important for them to do this because it assists students to internalize new concepts. It helps students make the concepts part of the conceptual framework which they use to understand and describe their world. If they do not have concrete, firsthand experiences to relate to each concept they will have to be provided with them wherever possible.

Another use for these activities is to help teachers identify particular interests of individuals, groups of students, or the whole class. They can then include activities in the lessons which involve student interests, thereby increasing motivation for them to participate and learn. Teachers may decide to add, substitute or omit some lessons because of students' interests.

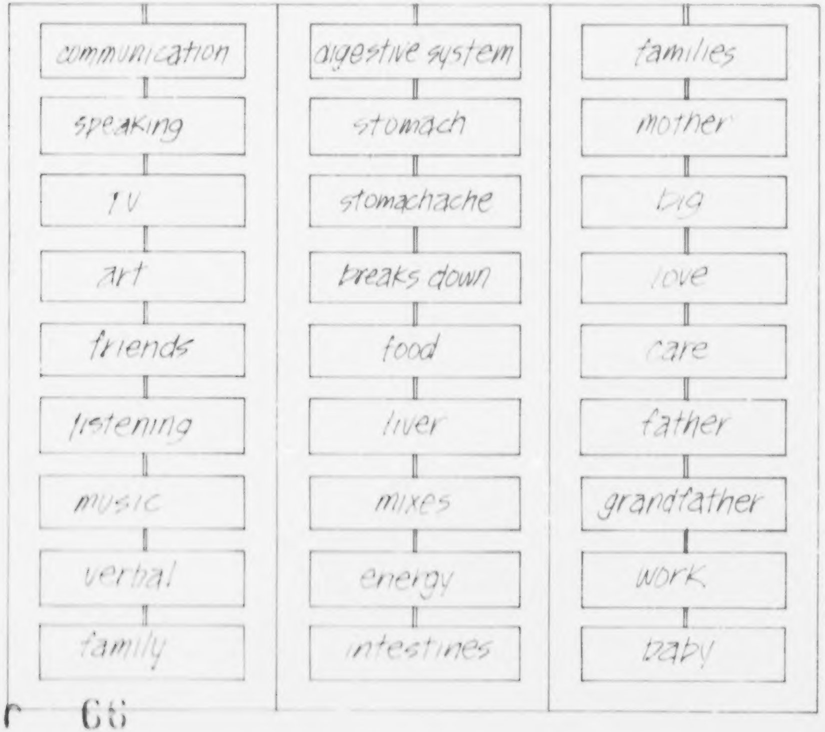
These activities will also help determine what language students have to discuss the topic, i.e., what vocabulary items students already know and what associations they have for each word. It is important to ascertain the meanings students attach to words; sometimes their interpretations may be surprising! If they do not clearly understand terms or if they use them incorrectly, it will prevent them from understanding and incorporating the concept into their mental framework.

Each unit in the School Health Program has a number of different themes. Teachers should select assessment activities suitable for that particular theme. The examples are for themes from each unit: Mental and Emotional Well-Being, Growth and Development and Family Life.

1. ***Brainstorming***

Mental and Emotional Well-Being	**Growth and Development**	**Family Life**
Communication Ask students: "What do you know about communication?"	**The Digestive System** Ask students: "What do you know about the digestive system?"	**Families** Ask students: "What do you know about families?"

Answers can be recorded on cards and hung on masking tape strips (sticky surface up) which can then be fastened to the wall or the chalkboard.


communication
speaking
TV
art
friends
listening
music
verbal
family
digestive system
stomach
stomachache
breaks down
food
liver
mixes
energy
intestines
families
mother
big
love
care
father
grandfather
work
baby

If students have difficulty with this activity you may wish to direct their thinking or prompt ideas by asking more specific questions:

Why do we communicate? How do we communicate? With whom do we communicate?	What body parts are part of the digestive system? What do they do? Where are they found? How do we take care of them?	What kinds of families are there? How are families alike? How are families different? Who are in families? What do families do?

Encourage students to predict answers to these questions even if they are not sure of the exact responses. It might be interesting to record their predictions separately and compare them to the actual answers as they study the unit. Students may think of their own questions as well. Teachers can keep a list of all the questions the class cannot answer to focus the lessons they teach during the unit.

After recording their responses on the cards, teachers should have students chant the words with them and talk about the words:

- Which word is the most interesting?
  - the least interesting?
  - the most puzzling?
- What other word can you think of that means almost the same thing?
- What comes to your mind when I say __________?
- What do you think this word means? Etc.

2 *Categorizing*

Teachers can distribute the word cards from the brainstorming sessions ensuring that they tell students the words they give them. Younger students should receive only one card at a time so they will not get confused. One student places his/her word card at the top of one of the masking tape strips and tells the word to the class. Teachers ask if there is anyone else who has a word that belongs with the first word and have another student place his/her word card under the first, read the word and explain why it belongs with the first word. The class can give a title to these two cards which now form a category. Teachers can then ask if anyone can start a new category. When students have placed all of the brainstormed words in categories, the class can discuss the titles and change them if necessary. Students can then chant the words in each category. Teachers can transfer the words to a flowchart to provide a permanent reference.

Communication	The Digestive System	Families
Different ways of communicating	**Body parts**	**Who is in them?**
verbal non-verbal speaking listening music art	stomach intestines liver mouth esophagus	mother father baby grandmother
With whom	**What they do**	**What do they do?**
friends family teacher people at work	squeeze mix break down move	play work love care
Kinds of communication	**Problems**	**What size are they?**
aggressive assertive passive	stomach ache nausea diarrhea	big small

As teachers progress through the unit they may wish to add new information to the chart. They may also identify new questions and hopefully, the answers. At the end of the unit they can review the chart with students and keep it as a reference for future use.

SAMPLE QUESTIONS:

Teachers can use these questions during the initial assessment activity to determine what experiences, interests, language, and knowledge students have about the topic. They can also use the questions during discussions in the lessons for evaluation.

Questions for Assessing Experience:

1. Have you been in a situation where ____________________?
2. What do you know about ____________________?
3. Have you ever seen ____________________?
4. Have you ever experienced ____________________?
5. Have you ever been ____________________?
6. Have you ever done ____________________?
7. Has something like this ever happened to you?
8. When was the last time you ____________________?

Questions for Assessing Language:

1. What do you think these words mean?
2. Can you give me another word that means ____________________?
3. What comes to your mind when I say ____________________?
4. Have you heard of the word(s) ____________________?
5. What words can you think of when I say the word ____________________?

Questions for Assessing Thinking Processes:

Cognitive Memory (details, information)

1. Who ____________________?
2. What are the facts?
3. What are the most important details?
4. What is the ____________________?
5. What do you mean by ____________________?
6. What is your interpretation of what happened? (What do you think happened?)
7. When?
8. Where?

Convergent/Generalization (getting the main idea)

1. What are the chief points?
2. Given that information, what is the main idea?
3. What is the single most important idea?
4. State the idea in one sentence.
5. Explain ____________________.

Structuring/Relating (arranging relationships)

1. Categories:
   Which group does that belong to?
   How would you classify ____________________?
   What type would you ____________________?
2. Comparisons: How are they alike? same? similar? identical?
3. Contrasts: How is it different? in opposition to? unlike?
4. Cause and Effect: What will happen if? Why?
   What will happen as a result of?

Divergent/Using/Applying

1. What might happen if ____________________?
2. If you use that idea, what would it mean for ____________________?
3. Apply that idea to our (this) situation.
4. What would result if ____________________?
5. If you were given these facts, what would you do to ____________________?
6. How would it be different if we used this idea?
7. What could the advantages/benefits be if we applied this idea/process?

Evaluation/Judging/Valuing

1. How do you feel about this idea?
2. What is your opinion?
3. What is the best ____________________?
4. Are you satisfied with that answer/plan?
5. Can this statement be made? Why?
6. Out of all the information, what can be used to prove your point?
7. How would you judge?
8. What is your opinion or conclusion about the product/plan/idea?
9. Why did you think it worked/didn't work?
10. What is fact? What is opinion?

EVALUATION

Educators often use the word "evaluation" to mean "testing". Evaluation, however, is an integral part of all educational programs or processes. It includes any form of obtaining information about what students are learning and how effective the program is in achieving its goals.

We learn a great deal from effective evaluation, including:

- what concepts, skills and attitudes a student has learned;
- if a student has achieved the objectives;
- in which areas of the program a student is proficient;
- a student's grade level;
- if the program needs to be reviewed, revised or modified;
- if teaching methods are effective;
- if a student needs additional assistance;
- if a student considers the lessons relevant i.e., do the lessons relate to the world of the student outside the classroom?

EFFECTIVE EVALUATION

For effective evaluation, it is important:

- to link the evaluation to the stated objectives of the program;
- to include as many forms of evaluation as possible;
- to assess students in the cognitive, affective and psycho-motor domains; (in the Health Program, the affective domain is particularly important);
- to ensure that the forms of evaluation are appropriate to the student's developmental level and language proficiency and that they are culturally suitable;
- to ensure that the method of evaluation supports and reinforces goals of the program i.e., if one of the goals of the program is to enhance self-esteem, then the evaluation must include successful experiences which will contribute to that;
- to encourage students to take some responsibility for evaluation.

DIFFERENT APPROACHES TO EVALUATION

It is not possible in this document to include all the possible approaches to evaluation or the detailed information necessary for teachers to use each approach effectively. A more comprehensive effort will be made to address evaluation for this program at a later date.

The approaches included will give teachers some general guidelines on evaluation.

1. *Pre-tests and Post-tests*

In order for teachers to assess what students already know about a topic, and to determine the starting point for the lessons, it may be necessary to administer a pre-test. This pre-test should include items which assess skills, attitudes and behaviours, as well as specific knowledge.

By using the same test or a parallel test after teaching the lessons, teachers will be able to assess what knowledge students have acquired and any possible changes in individual attitudes and behaviours, e.g.,

i) **Knowledge** True False
Tobacco contains a drug. ( ) ( )

ii) **Skills**
John's friends want him to skip school. Use the decision-making process to show how he decides what he will do.

iii) **Attitude/Beliefs**
Daily exercise is important to me.

Agree ( )
Not Sure ( )
Disagree ( )

iv) **Behaviours**
I would eat candy or chips for a snack.

Most of the time ( )
Some of the time ( )
Never ( )

2. *Projects*

Projects are assignments given to individual students or to a small group of students. Usually they involve research on a specific topic within the program.

Projects allow students some freedom to express individuality and to demonstrate particular strengths.

A variety of activities can be incorporated into a project, e.g.,

- written report
- diagrams
- audio-visual material
- photographs
- models
- drama
- drawings
- graphs

It is important to structure the project carefully, and define the requirements clearly to ensure that it is manageable. Requirements should indicate:

- the objectives of the project;
- completion date;
- how the teacher will evaluate it;
- where to find information.

For example, a project on the "Health Care Worker in the Community" may include:

- a description of what the health care worker does;
- a photograph of the health care worker;
- a recorded interview with the health care worker and/or with community people who have regular contact with the health care worker;
- a video of the health care worker at work;
- a graph to show how much time the health care worker allocates to different tasks;
- telephone numbers;
- a map to show how to go to the health care worker's place of work; and,
- drawings of any special tools/instruments which the health care worker uses.

3. *Simulations*

The Health Education program provides for the acquisition of specific skills and knowledge, and gives the students opportunities to practise appropriate attitudes and behaviours. As a result, simulations are an appropriate way to determine student progress. Discussions of alternative solutions after roleplaying also provides an indication of student attitudes.

If students have learned different ways to resist peer pressure, they can demonstrate how to resist peer pressure in a given situation, e.g.,

> Bill wants Mary to go to a party with him on Saturday. Mary's mother says she is too young to go to parties. Bill has told Mary he won't be her friend if she doesn't come.

Demonstrate how Mary resists the pressure from Bill.

4. *Observation*

We expect students' behaviour to reflect what they have learned so direct observation of students is an important method of evaluation. Students may not demonstrate some of the practices in the classroom, however, and so this observation must also occur in the community. Where and when appropriate, observation should include aspects of mental, physical, social activity, as well as intellectual practices of the student, e.g.,

> If students have been discussing practices which promote safety in the playground, the teacher can observe students at play at recess to determine if they demonstrate use of safe practices outside the classroom.

5. *Checklist*

These are a simple method of recording observations usually made in the classroom. Checklists will not necessarily give a teacher information on a student's behaviour. Teachers can develop checklists for evaluating simulations, observations, discussions, etc.

E.g.,

Checklist for Group Discussions

	All of the time	Some of the time	Never
- listens without interrupting	( )	( )	( )
- shows respect for other people's opinions	( )	( )	( )
- participates readily	( )	( )	( )
- responds positively when questioned	( )	( )	( )
- questions others	( )	( )	( )
- etc.			

6. *Anecdotal Record*

Anecdotal records are brief comments on the teacher's observations. The information recorded is factual and non-judgemental — the evaluation of what was seen is noted after the observation is complete. The comments should be specific and related to the objectives of the program. Record both positive and negative examples, e.g.,

> At recess, Sarah helped Margaret to come down from the climbing bars. She pushed James when he tried to help too.

7. *Self-Evaluation*

Students should also participate in the evaluation process by identifying what they learned from the lessons, what they are interested in, what they think is important for them to know more about, etc. One way of doing this is through a rating scale, e.g., I learned:

a lot — some things — nothing

I was most interested in: ______________________

I would like to learn more about ______________________

____

____

____

8. *Student Notebooks*

By asking students to keep a health notebook, teachers can assess how well students understand concepts. It is important, however, to treat the notebooks with confidentiality. Students should be aware before they write in the notebook that the teacher will look at them. In particularly sensitive areas, such as Family Life, students may be reluctant to share notebooks with teachers, if not advised in advance.

NORTHWEST TERRITORIES

School Health Program

GRADE 3

Northwest Territories Education
Health

March, 1991

MENTAL AND EMOTIONAL WELL BEING

GRADE 3

LESSON NO.	THEME	CONCEPT	OBJECTIVES
			Students will be able to:
1	SELF AWARENESS	People are alike in many ways; people are different in many ways	i) identify ways in which people are similar and different
2	SELF AWARENESS	Everyone is unique	i) identify characteristics which make them unique
3	RELATIONSHIPS	Everyone has responsibilities	i) identify responsibilities which they have ii) identify responsibilities which other people have
4	RELATIONSHIPS	Many responsibilities can be shared	i) identify responsibilities which people share ii) practise a shared responsibility
5	RELATIONSHIPS	Communication is important in getting along with others	i) identify ways of communicating
6	RELATIONSHIPS	Communication is important in getting along with others	i) demonstrate ways of communicating

7	DECISION MAKING	Decisions are made from the choices available in a given situation	i) identify the choices in a given situation
8	DECISION MAKING	Many situations require decisions	i) identify situations which require decisions ii) identify personal decisions

GROWTH & DEVELOPMENT

GRADE 3

LESSON NO.	THEME	CONCEPT	OBJECTIVES
			Students will be able to:
1	BODY SYSTEMS	The body has many internal organs	i) name the major body organs ii) locate the major body organs
2	BODY SYSTEMS	The body has many internal organs	i) describe the functions of the major body organs ii) describe behaviours that promote healthy internal organs
3	GROWTH PATTERNS	Height and weight change as people grow	i) identify changes in personal height and weight over time
4	DISEASE PREVENTION	The spread of disease can be prevented	i) identify common communicable childhood diseases ii) identify ways to prevent the spread of disease
5	DISEASE PREVENTION	Health is a shared responsibility	i) identify personal responsiblities when recovering from sickness
6	ENVIRONMENTAL HEALTH	Pollution affects the health of a community	i) identify the different categories of pollution ii) identify ways to prevent pollution iii) identify the prevention of pollution as a shared reponsibility

NUTRITION

GRADE 3

LESSON NO.	THEME	CONCEPT	OBJECTIVES
			Students will be able to:
1	FOOD CLASSIFICATION	Each food group has a specific function which promotes health	i) classify various foods into the four food groups ii) describe the main function of each of the four food groups
2	FOOD CLASSIFICATION	Foods that are high in sugar, fat and/or salt do not belong to any food group	i) explain why some foods do not belong to any of the four food groups ii) identify common foods which do not belong to any food group
3	FOOD SELECTION	A variety of foods from each food group is needed daily	i) plan nutritious eating for one day using a variety of foods
4	FOOD APPRECIATION	A willingness to eat nutritious food promotes food appreciation and health	i) prepare nutritious food to start the day ii) demonstrate a willingness to eat nutritious food to start the day iii) state the importance of nutritious food to start the day

DENTAL HEALTH

GRADE 3

LESSON NO.	THEME	CONCEPT	OBJECTIVES
			Students will be able to:
1	STRUCTURE AND FUNCTION	Teeth have many functions	i) identify specific tooth groups and their locations ii) identify the function of each tooth group
2	ORAL HYGIENE	Regular use of oral hygiene skills promotes dental health	i) demonstrate effective toothbrushing and flossing skills ii) practise effective toothbrushing and flossing skills
3	DENTAL DISEASE	Many factors contribute to dental disease	i) identify the location of plaque in the mouth ii) explain how plaque contributes to tooth decay iii) identify some factors that contribute to dental disease
4	DENTAL SERVICES AND PRODUCTS	Individuals and dental health workers are important in dental health care	i) identify ways to be personally responsible for dental health care ii) explain the roles of community dental health workers

FAMILY LIFE

GRADE 3

LESSON NO.	THEME	CONCEPT	OBJECTIVES
			Students will be able to:
1	FAMILIES	The family structure changes over time	i) identify ways in which family size increases and decreases
2	FAMILIES	The arrival of a new household member affects the lives and routines of everyone in the family	i) identify how the arrival of a new member in the household affects other members ii) describe their role in helping to accommodate the new member of the household
3	FAMILIES	Some family members require special care and attention	i) identify family members who require special care and attention ii) describe ways in which family members provide special care and attention iii) demonstrate ways to provide special care and attention to family members
4	HUMAN DEVELOPMENT AND REPRODUCTION	All living things reproduce and grow	i) name and locate body organs related to sperm and egg production
5	HUMAN DEVELOPMENT AND REPRODUCTION	All living things reproduce and grow	i) explain that human babies are created by the union of an egg and sperm

SAFETY AND FIRST AID

GRADE 3

LESSON NO.	THEME	CONCEPT	OBJECTIVES
			Students will be able to:
1	BURN PREVENTION	Burns and scalds can be prevented by following safety rules and minimized by first aid	i) identify hazards that may result in burns and scalds ii) identify risky behaviours that may result in burns and scalds iii) identify safety rules to prevent burns and scalds iv) demonstrate first aid for minor burns and scalds
2	FIRE SAFETY	Injuries from flames can be prevented by following fire safety rules	i) name the senses used to detect fire ii) demonstrate the five steps to follow if clothes catch on fire iii) list safety rules to follow when exiting a burning building
3	OUTDOOR SAFETY	Injuries around water can be prevented by following swimming, boating and water safety rules	i) list activities in or near water ii) identify hazards and behaviours around water that may result in injuries or death iii) identify safety rules around water
4	OUTDOOR SAFETY	Injuries around ice can be prevented by following safety rules and minimized by first aid	i) list activities around ice ii) identify hazards and behaviours around ice that may result in injuries or death iii) identify safety rules around ice iv) describe first aid for hypothermia
5	PERSONAL SAFETY	Animal bites can be prevented by following safety rules and minimized by first aid	i) describe safety rules that help prevent animal bites ii) describe first aid for animal bites

ALCOHOL AND OTHER DRUGS

GRADE 3

LESSON NO.	THEME	CONCEPT	OBJECTIVES
			Students will be able to:
1	SAFETY	Many substances are potentially unsafe and have warning signs	i) identify the hazard warning signs ii) recognize the vocabulary associated with each sign
2	DRUGS	Medicine can be obtained from different sources	i) identify the different kinds of medicine (prescription, non-prescription, traditional) and their sources in the N.W.T.
3	DRUGS	Rules are necessary when handling medicine	i) identify the rules related to medicine and explain why they are necessary
4	DRUGS	Rules are necessary when handling medicine	i) explain why rules are necessary when handling medicine ii) explain that each person is responsible for his own behaviour
5	DRUGS	A drug is anything that is put into the body that makes it work differently	i) identify that medicines are drugs ii) define a drug iii) identify commonly used substances which contain drugs
6	TOBACCO	A drug is anything that is put into the body that makes it work differently. Tobacco contains a drug.	i) identify commonly used substances which contain drugs ii) identify the effects of tobacco on the body iii) examine their own values related to tobacco use
7	WELL-BEING	Certain behaviours improve our well-being	i) identify some behaviours which will improve their own well-being

GRADE 3

MENTAL AND EMOTIONAL WELL-BEING

MENTAL AND EMOTIONAL WELL-BEING

GRADE: 3 LESSON: 1 THEME: SELF AWARENESS

CONCEPT: PEOPLE ARE ALIKE IN MANY WAYS, PEOPLE ARE DIFFERENT IN MANY WAYS

PREPARATION:
1. Two colours of felt pens
2. Prepare a class set of All About Me worksheet (Activity Sheet ME28)
3. Prepare a class set of Venn diagram (Activity Sheet ME29)
4. Prepare a number of cards for Student Activity 3
5. Prepare a class set of "People All Around" poem (Activity Sheet ME30)

VOCABULARY: same, different

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) identify ways in which people are similar and different	1. Compare two students for similarities and differences.	Choose two students from the class and ask other students to compare them using an experience chart with four categories as illustrated:

OBJECTIVES

STUDENT ACTIVITIES

TEACHER NOTES

	Chris	Jo
1. The way they look	brown eyes straight, black hair tall	blue eyes straight, brown hair tall
2. Things they do well		
3. Things they like		
don't like		
4. Things about their family		

Using two different colours of felt pens, have students take turns marking the ways Jo and Chris are similar with one colour, and the ways they are different with the other colour.

2. Complete the All About Me worksheet.

Refer to Activity Sheets ME28 and ME29.

Group students in pairs and have them complete Activity Sheet ME28. Have them compare similarities and differences with their partner and summarize their results on Venn Diagrams (Activity Sheet ME29.)

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Bring the class together as a group and have each pair report some of their similarities/differences to the class using the sentence patterns: We are the same because we both (have black hair). We are different because (Beatrice)(is good at math) and I am (good in gym/not good at math).
	3. Observe similarities and differences among class members.	Prepare a number of cards with one phrase on each. can skate have blue eyes like seal meat Have students sit in a circle. Hold up one card at a time. All the students who can answer "Yes" to the statement have to change places. The others stay in their places.
	4. Learn the poem "People All Around."	Refer to Activity Sheet ME30.

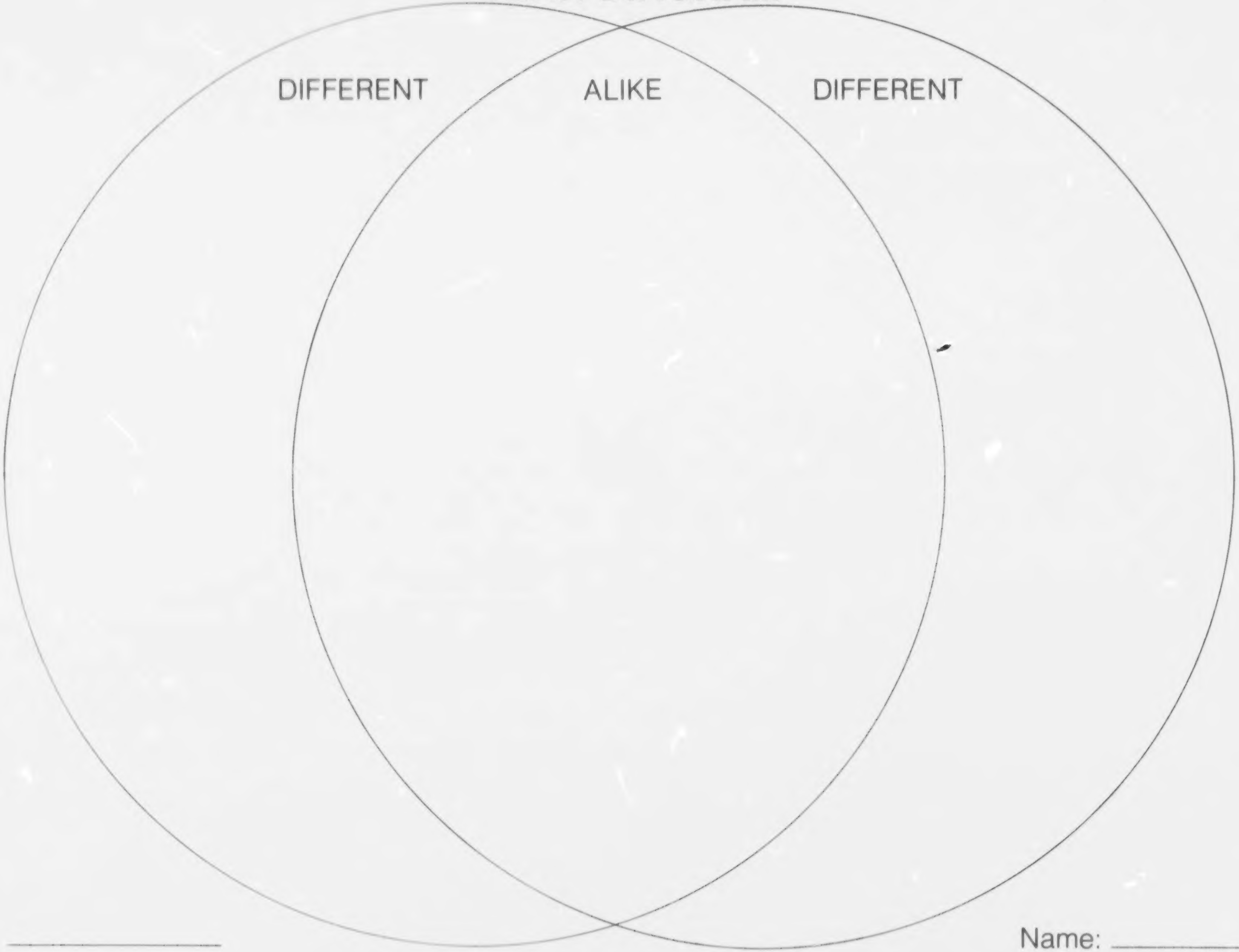
ME28

ALL ABOUT ME

	NAME	NAME
1. The way I look		
2. Things I do well		
3. Things I like		
Things I don't like		
4. Things about my family		

VENN DIAGRAM

ME29


DIFFERENT
ALIKE
DIFFERENT

Name: ______________

Name: ______________

ME30

PEOPLE ALL AROUND

People can be short or tall,
Thin or fat, big or small.

People can be young or old,
Fast or slow, shy or bold.

People can do different things,
Ride on sleds, swing on swings.

People can be grumpy or glad,
Worried or angry, happy or sad.

People come and people go;
People change and people grow.

I look around and I can see,
The world is filled with people like me.

Source Unknown

MENTAL AND EMOTIONAL WELL-BEING

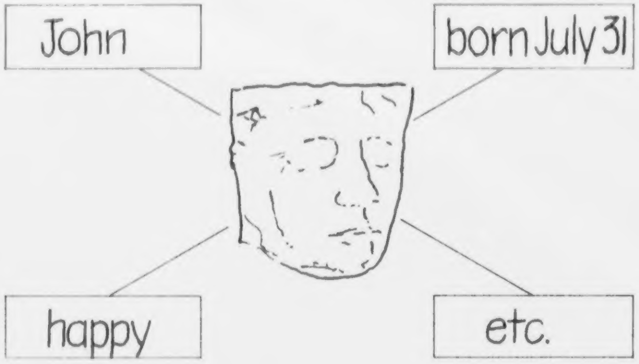
GRADE: 3 LESSON: 2 THEME: SELF AWARENESS

CONCEPT: EVERYONE IS UNIQUE

PREPARATION:
1. Prepare a class set of "I'm Glad I'm Me" poem (Activity Sheet ME31)
2. Aluminum foil 3. Index cards and markers
4. Prepare a class set of No One Else Like Me worksheet (Activity Sheet ME32)
5. Prepare a class set of Me mobile (Activity Sheets ME33A, 33B, 33C)
6. String, markers for Me Mobiles

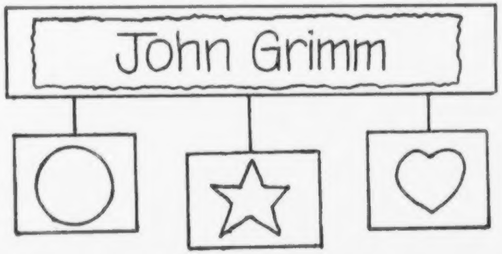
VOCABULARY: special, unique, noticed

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) identify characteristics which make them unique	1. Read the poem "I'm Glad I'm Me."	Refer to Activity Sheet ME31. Discuss the poem with students.
	2. Identify things that make them unique.	Use the same categories as for previous lesson: - The way I look - Things I do well - Things I like/don't like - Things about my family

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		With the class, brainstorm three or four things about each student which make him/her unique. List student responses on the board.
	3. Make foil masks of themselves and cards outlining things which make them unique.	To make foil masks, cut a piece of aluminum foil slightly larger than the face. In pairs, have one student press the foil carefully and gently on the other student's face. Give each student three or four index cards on which s/he writes things which make him/her unique. Students can refer to the list on the board from Student Activity 2. Pin the masks on a bulletin board with cards outlining unique characteristics.  John born July 31 happy etc.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
ii) identify things about themselves which they can/cannot change	4. List things about themselves which they can and cannot change.	Ask students to think of things about themselves which they can/cannot change. To record responses make an experience chart:

	Things I can change	Things I cannot change
The way I look	my weight clothes hairstyle	eye colour
Things I do well/don't do well	improve at math	may not be artistic may not be mechanical
Things I like/don't like	I can try new things	things I am allergic to
My family	how I relate to my family	who my family is

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	5. Complete No One Else Like Me worksheet.	Refer to Activity Sheet ME32.
	6. Make a Me mobile.	Refer to Activity Sheets ME33A, 33B, 33C.  1. Cut out the mobile pieces from Activity Sheets ME32A, ME32B and ME32C. 2. Fill in the information on the mobile pieces. 3. Glue mobile pieces onto bristol board squares. 4. Attach pieces to name tag with yarn.

I'M GLAD I'M ME

No one looks
The way I do.
I have noticed
That it's true.

No one walks
The way I walk.
No one talks
The way I talk.

No one plays
The way I play.
No one says
The things I say.

I am special!
I am me!
There's no one else
I'd rather be!

Source Unknown

ME32

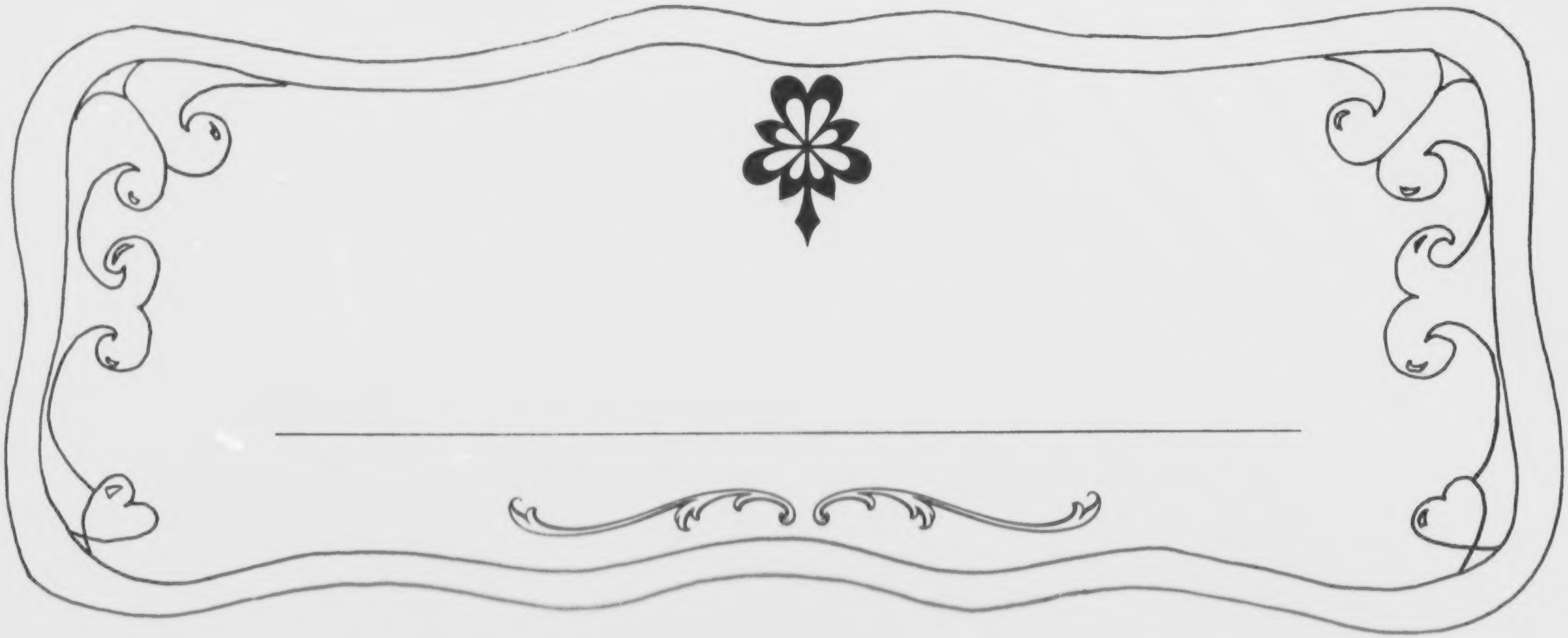
NO ONE ELSE LIKE ME

Write down things about yourself which can be changed and things which cannot be changed.

	Something That I Can Change	Something That I Cannot Change
The Way I Look		
Things I Do Well		
Things I Like		
Things I Don't Like		
Things About My Family		

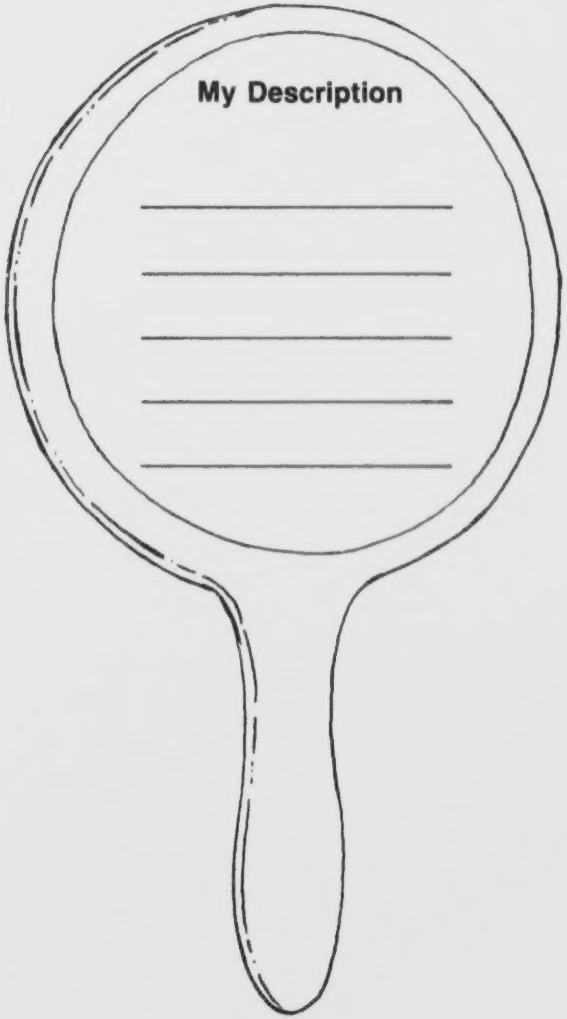
ME33A

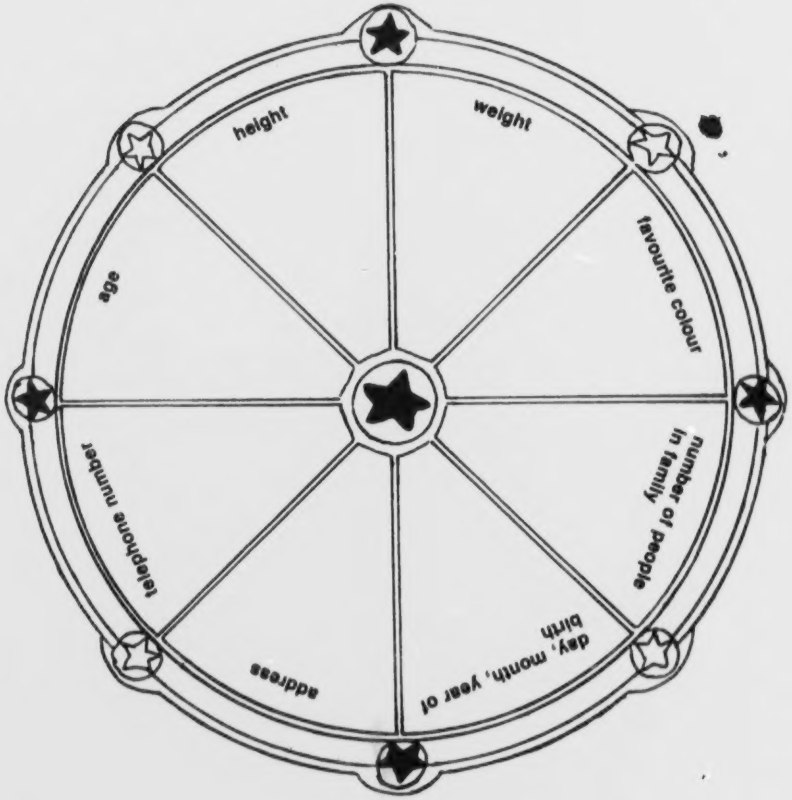
MOBILE



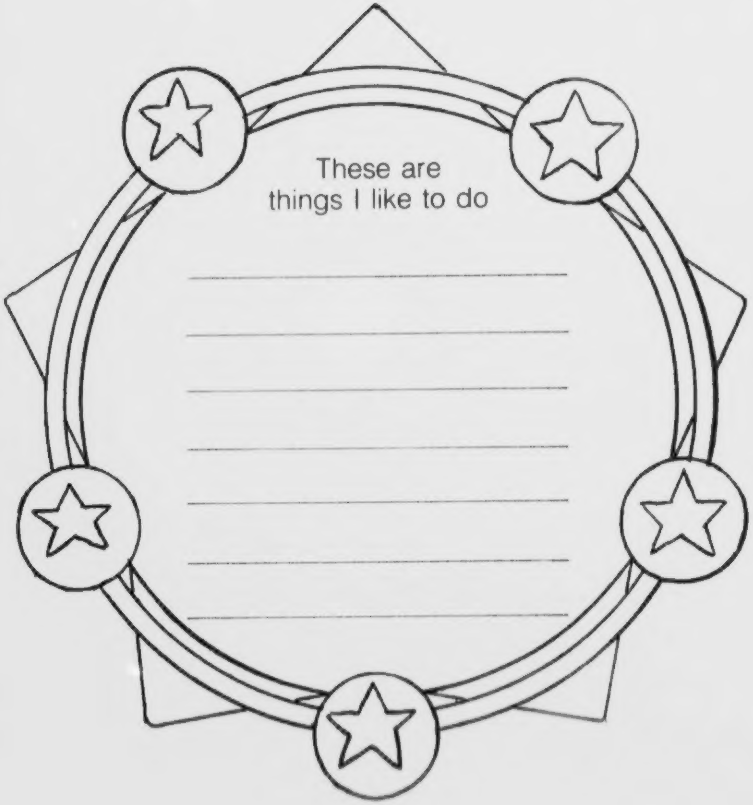
ME33B

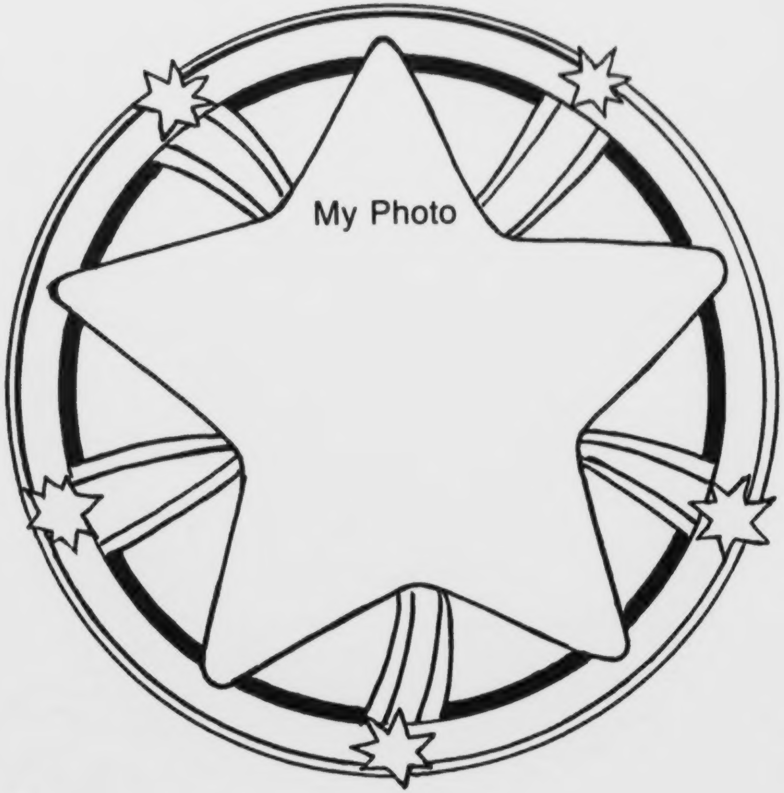
MOBILE


My Description


height
weight
favourite colour
number of people in family
day, month, year of birth
address
telephone number
age

MOBILE


These are
things I like to do



MENTAL AND EMOTIONAL WELL-BEING

GRADE: 3 LESSON: 3 THEME: RELATIONSHIPS

CONCEPT: EVERYONE HAS RESPONSIBILITIES

PREPARATION:
1. Prepare a class set of "That's Responsibility" poem (Activity Sheet ME34)
2. Prepare a class set of Doing My Job worksheet (Activity Sheet ME35)
3. Materials to make a class mural

VOCABULARY: responsibility, responsible

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to :	Students:	As well as being an introduction to the topic of Health responsibility, this lesson serves to reinforce the concept of responsibility which is developed in Social Studies in Grades 1, 2, and 3.
i) identify responsibilities which they have	1. Identify a responsibility which a particular student has.	This is a good opportunity to review classroom routines with regard to responsibility. Select a student who has a responsibility for that particular day or week (e.g., a student who is responsible for feeding the class rabbit, or cleaning the board.) Ask the student what his/her job is for that week, using the sentence pattern:

OBJECTIVES

STUDENT ACTIVITIES

2. Learn the poem "That's Responsibility."
3. Identify responsibilities which they have.

TEACHER NOTES

What are you responsible for this week?

Student responds: I am responsible for (cleaning the board).

Refer to Activity Sheet ME34.

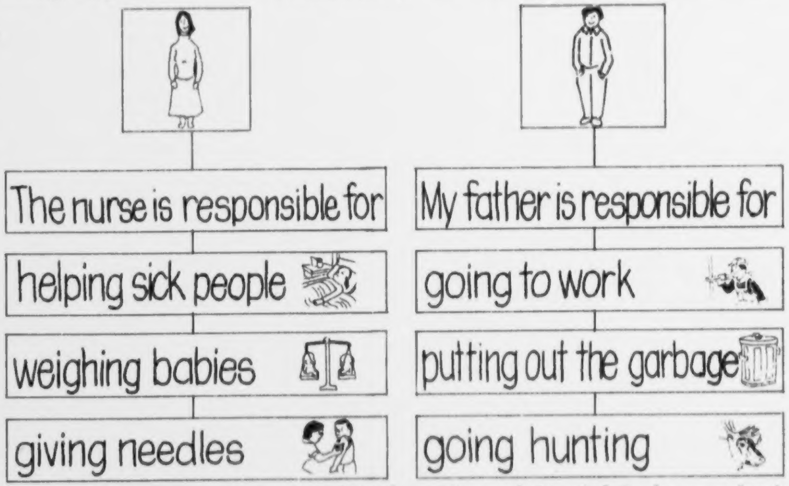
Ask students what responsibilities they have at school. Make an experience chart, as illustrated. Have students respond using the sentence pattern:

(At school) I am responsible for ____________.

Repeat the activity for responsibilities students have at home. Add these to the chart as illustrated.

Responsibilities I Have

At home	At school
feeding the dog	cleaning up
washing the dishes	watering the plants

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	4. Practise fulfilling responsibilities.	Refer to Activity Sheet ME35.
ii) identify responsibilities which other people have	5. List responsibilities other people in the community have.	Choose a number of people known to the students. Ask students to identify what job responsibilities each person has. Record their responses on sentence strips and make a bulletin board display as illustrated. (This display will be finished in the next lesson.)  The nurse is responsible for helping sick people weighing babies giving needles My father is responsible for going to work putting out the garbage going hunting If students have difficulty identifying what the responsibilities are, have them interview the person or invite him/her to the classroom.

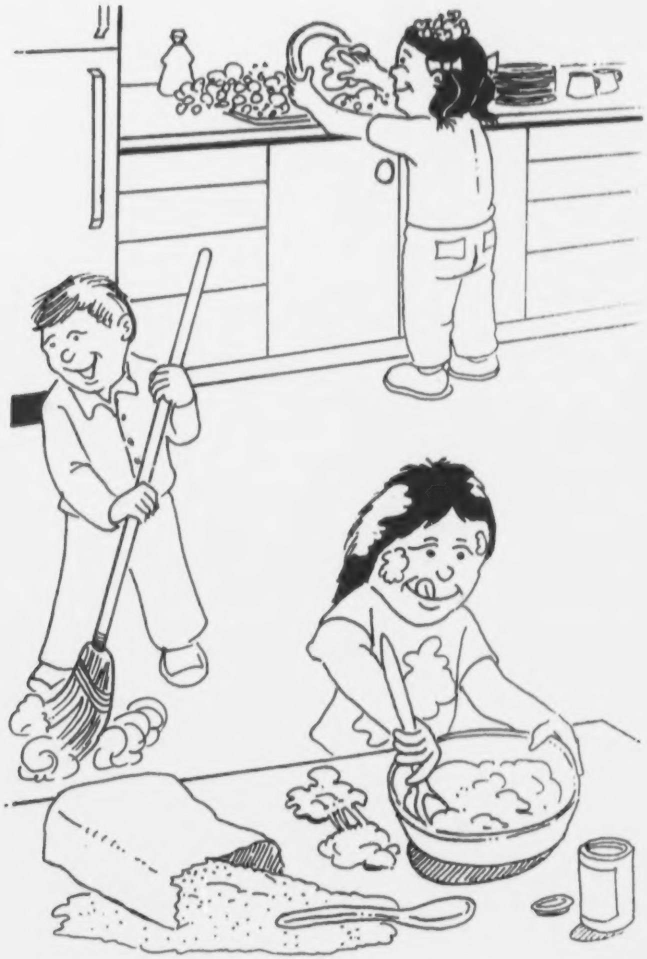
THAT'S RESPONSIBILITY

Helping when we sweep the floor,
Buying groceries from the store,
Looking after Ben, who's four -
That's responsibility.

Helping teacher to clean up,
Giving water to my pup,
Washing up my dirty cup -
That's responsibility.

Helping Pat, who's cut her knee,
Baking bannock for our tea,
Doing my jobs in the family -
That's responsibility.

Heather Nolsoe
Helen Balanoff



ME35

DOING MY JOB

	AT HOME	☺ / ☹	AT SCHOOL	☺ / ☹
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				

Each day, write down one thing you are responsible for at home and one thing you are responsible for at school. Ask your mother or father and your teacher to draw a happy face if you did the job or a sad face if you didn't.

MENTAL AND EMOTIONAL WELL-BEING

GRADE: 3 LESSON: 4 THEME: RELATIONSHIPS

CONCEPT: MANY RESPONSIBILITIES CAN BE SHARED

PREPARATION:
1. Collect pictures of families sharing responsibilities, e.g., looking after the children
2. "That's Responsibility" poem (Activity Sheet ME34 from Lesson 3)

VOCABULARY: responsibility, share

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) identify responsibilities which people share	1. Review responsibility from the previous lesson.	Use the poem "That's Responsibility", Activity Sheet ME34, from the previous lesson.
	2. Identify responsiblities which families share.	Show pictures of families sharing responsibilities. Have the students think of responsiblities which families might share. Responsibilities might include: - caring for the children - keeping the house clean - buying/hunting for/preparing food

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	3. Identify responsibilities which people in the class/school share.	Ask students what responsibilities people share in class. Have students respond using the sentence pattern: We all share responsibility for ________. Responsibilities identified by students might include: - keeping the classroom clean - looking after plants/animals - making the classroom a pleasant, friendly place to be - helping each other - sharing with each other - keeping the yard clean - looking after younger students
	4. Identify responsibilities which people in the community share.	Use the same sentence pattern as in Student Activity 3. Responsibilities might include: - keeping the community clean - keeping the community safe - preventing pollution - providing recreation/leisure time opportunities

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
ii) practise a shared responsibility	5. Select one responsibility which can be shared and practise it.	Divide the class into groups. Have them participate in responsibilities which can be shared. Activities might include: - cleaning the classroom - cleaning the yard - doing something for younger students - tidying the library/home ec. room, etc. - cleaning an area of the community
	6. Complete the bulletin board display of people and their responsibilities.	From Lesson 3, Student Activity 6.

MENTAL AND EMOTIONAL WELL-BEING

GRADE: 3 LESSON: 5 THEME: RELATIONSHIPS

CONCEPT: COMMUNICATION IS IMPORTANT IN GETTING ALONG WITH OTHERS

PREPARATION:
1. Art materials for painting
2. Slips of paper for writing notes
3. Props/pictures for Student Activity 5

VOCABULARY: communicate, communication without words, communication through art, communication by talking and listening, communication by reading and writing

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) identify ways of communicating	1. Communicate non-verbally.	Group students in pairs. Have one student from each pair come to the front. Tell them that you want them to communicate without talking. They have to return and act out certain messages to their partner. Then it is their partner's turn to communicate. Include: - Yes - Go away! - No - Come here! - How are you? - Sit down!

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Explain that this is one way of communicating "without words" and with "body language." There are other ways of communicating.
	2. Communicate visually.	Have students paint a picture of the most beautiful thing they have ever seen. One at a time, have students display their pictures for the other students. Have the other students describe what they see painted. Check with the artist to see how accurate the description is. Explain that this is another way of communicating - "through art or crafts," "visually."
	3. Communicate verbally.	Play "password." Students sit in a circle. The teacher (or a student) whispers a word or message to the person on his/her right. That person passes it on to the next one, and so on. Explain that this is another way of communicating - "with words," "talking and listening."
	4. Communicate in writing.	The teacher passes a note to one student who reads the note and does as instructed (e.g., Write your name on the board.).

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES

Students write a message on a slip of paper. The teacher collects these, quickly scans them for feasibility and then distributes the notes randomly. Each student must do as instructed on the note.

Explain that this is another form of communicating "reading and writing".

5. Identify other examples of communication under four headings.

Have students brainstorm other examples of communication and record their ideas on an experience chart as illustrated. Use props/pictures to stimulate student responses.

This chart will be used in the next lesson.

No Words	Art	Talking & Listening	Reading & Writing
sign language curfew siren inukshuk international signs	music crafts drumming dancing	telephone stories from elders radio C.B.	reading books recipes directions

MENTAL AND EMOTIONAL WELL-BEING

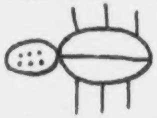
GRADE: 3 LESSON: 6 THEME: RELATIONSHIPS

CONCEPT: COMMUNICATION IS IMPORTANT IN GETTING ALONG WITH OTHERS

PREPARATION:
1. Simple drawings for students to describe and draw
2. Invite an elder to come to the class to tell a traditional story

VOCABULARY: communicate, information

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) describe the importance of communication	1. Explain why people communicate with each other.	Refer to the experience chart from Lesson 5, Student Activity 5. For each idea recorded on the chart, ask students to identify when, or the reasons why, each form of communication would be used. To assist students, provide them with the following reasons for communication and ask them under which heading(s) each item falls.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		- To give information - To get information - To ask for/get things - To make friends - To entertain - To express feelings - To tell a story
ii) demonstrate some ways of communicating	2. Demonstrate speaking and listening.	Describe a drawing to the students, without letting them know what you are describing. Have them draw what you are describing. E.g., Draw an oval. Draw a smaller oval at one end, etc.  Then let a student have a turn describing something while other students (and the teacher) draw it.
	3. Demonstrate non verbal communication.	In pairs, have one student act out something. The partner has to guess what is being communicated. Messages could include: - I feel sick. - What time is it? - I like you. - Hi! - Goodbye!
	4. Listen to an elder tell a traditional story.	Invite an elder into the class to tell a story. Discuss why stories are told.

MENTAL AND EMOTIONAL WELL BEING

GRADE: 3 LESSON: 7 THEME: DECISION MAKING

CONCEPT: DECISIONS ARE MADE FROM THE CHOICES AVAILABLE IN A GIVEN SITUATION

PREPARATION:
1. Prepare a class set of "Choosing" song (Activity Sheet ME36)
2. What Can She Do? story (Activity Sheet ME37)
3. Prepare a class set of Choices worksheet (Activity Sheet ME38)

VOCABULARY: decision, decided, choices

<table>
<tr><th>OBJECTIVES</th><th>STUDENT ACTIVITIES</th><th>TEACHER NOTES</th></tr>
<tr>
<td>Students will be able to:
i) identify the choices available in a given situation</td>
<td>Students:
1. Make a decision between two alternatives/ choices.</td>
<td>Refer to Activity Sheet ME36.
Give students a choice of two activities.
<table>
<tr><td>Choice # 1</td><td>Do a math worksheet</td></tr>
<tr><td>Choice # 2</td><td>Draw a picture</td></tr>
</table>
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OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. Identify the choices which were available, and identify the decision they made from the choices.	Have students tell which activity they decided to do. They should respond using the sentence pattern: I could have ______, or I could have______. I decided to ____________________.
	3. Learn the "Choosing" song.	Refer to Activity Sheet ME36.
	4. Listen to the story "What Can She Do?" Identify the choices Lucy has.	Refer to Activity Sheet ME37.
	5. Complete the Choices worksheet.	Refer to Activity Sheet ME38. Students read each problem and write two choices for each.

CHOOSING

I often have to make a choice,
Make a choice, make a choice.
I often have to make a choice,
Many times a day.

I can get up at half past eight....
Or stay in bed, the whole day through.

I can wash my face and hands....
Or be dirty, the whole day through.

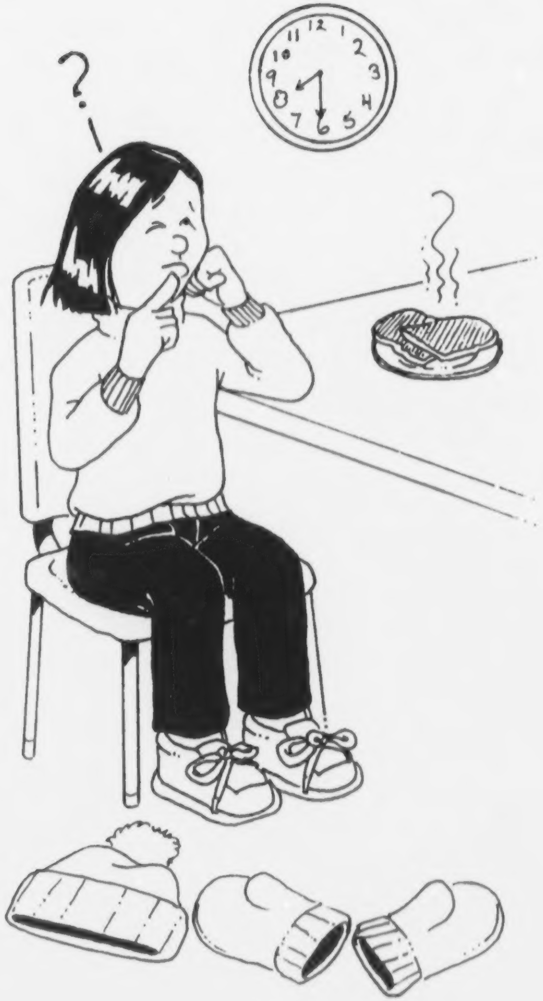
I can eat my toast and jam....
Or be hungry, the whole day through.

I can wear my hat and mitts....
Or be cold, the whole day through.

I can play with all my friends....
Or be alone, the whole day through.

I often have to make a choice....
Many times a day.

(Tune: London Bridge Is Falling Down)
Helen Balanoff & Heather Nolsoe



ME37

WHAT CAN SHE DO?

Lucy has some choices. What can she do?

1. It's 8 o'clock. Lucy's mother wakes her up. ➤ She can (get up), or she can (stay in bed).

2. She gets up and goes into the kitchen. ➤ She can (eat breakfast), or she can (just have tea).

3. She decides to have breakfast. She is worried because she is going to have a math test. ➤ She can (skip school), or she can (try the test).

4. She decides to go to school. It's a cold morning. ➤ She can (wear her hat and mitts), or she can (be cold).

5. She puts on her hat and mitts and scarf. When she gets to school her friends are playing on the slide. ➤ She can (play by herself), or she can (play with her friends).

Teachers: Read each step in the left hand column. After each step ask students what choices Lucy might have. Possible choices are identified in the right column. Accept any reasonable answers.

ME38

CHOICES

Think of 2 things each person can do.

1. Mary-Louise has a headache.

She can ______________________,
or she can ______________________.

2. Simon has lost his brother's bicycle.

He can ______________________,
or he can ______________________.

3. Brenda has a fight with her friend Jane.

She can ______________________,
or she can ______________________.

4. Thomas doesn't have any money to buy his mother a birthday present.

He can ______________________,
or he can ______________________.

MENTAL AND EMOTIONAL WELL-BEING

GRADE: 3 LESSON: 8 THEME: DECISION MAKING

CONCEPT: MANY SITUATIONS REQUIRE DECISIONS

PREPARATION: 1. Situation cards (Activity Sheet ME39)

VOCABULARY: choice, choose, decide, decision

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) identify situations which require decisions	Students: 1. Identify situations which have required them to make decisions since they got up this morning.	Ask students to identify situations in which they made decisions since they got up. Have them respond and record their responses using the sentence pattern: I decided to (get up at 8 o'clock.)

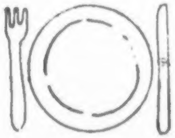
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Discussion should include: - what time they got up - what to wear - what to eat for breakfast - if I would wash my face, brush my teeth, etc. - what time to go to school - what activity to do - who to play with, etc.
ii) identify personal decisions	2. Identify the decisions they have made today.	Refer to Activity Sheet ME39. Divide students into pairs. Make enough copies of the situation cards for each pair. Have one student select a situation card. S/he has to ask the other students the question on the card, e.g, What did you decide to eat for breakfast? Who did you decide to play with in the yard? The other student has to answer saying: I decided to ______________________.
iii) practise making decisions	3. Participate in activities which involve choices.	Activities could include: - choosing a partner - choosing an activity - choosing a book

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Creating situations where students have a choice, and must make a decision, should be part of the regular classroom routine. Periodically the teacher can ask students what choices they have: I can ______________ or I can ________________. I decided to ___________________________.

SITUATIONS

What did you decide to do today?

1. What did you decide to eat for breakfast



2. Who did you decide to play with in the yard?

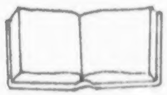
3. What time did you decide to get up?

4. What did you decide to wear outside today?

5. What did you decide to eat for lunch today?

6. Where did you decide to play at recess?

7. What book did you decide to read today?



8. Did you decide to walk to school or ride your bike?

GRADE 3

TEACHER BACKGROUND INFORMATION

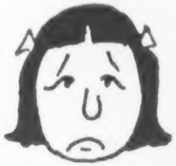
MENTAL AND EMOTIONAL WELL-BEING

MENTAL AND EMOTIONAL WELL BEING

Mental and emotional well-being refers to how a person feels, thinks and acts. If s/he feels "good", this translates into positive feelings, positive relationships with other people, decisiveness and an ability to cope with the stresses of every day life. A person who does not feel "good" has difficulty forming worthwhile relationships and has difficulty functioning in every day life. People derive those feelings about themselves, in large part, from the attitudes towards them of significant people in their lives.

Poor Mental and Emotional Well-Being

Low Self-Esteem



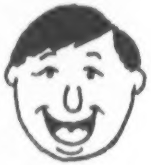
Significant People
- family
- friends
- peers
- teachers
- elders
- church leaders
- community members
- other people

Attitudes
- anger
- rejection
- distrust
- discouragement
- "put downs"

Behaviours
- failure
- fear
- guilt
- aggression
- withdrawal
- mistrust

Healthy Mental and Emotional Well-Being

High Self-Esteem



Significant People
- family
- friends
- peers
- community members
- teachers
- elders
- church leaders
- other people

Attitudes
- love
- care
- acceptance
- encouragement
- trust

Behaviours
- success
- enthusiasm
- responsibility
- creativity
- co-operation
- ability to cope

The Mental and Emotional Well-Being Unit of the Health program aims to enable students to function effectively in a social context. An increase in self-understanding will lead to an enhancement of self-esteem. Together with the acquisition of decision-making, communication and coping skills, they will lead to an improvement in students' mental and emotional well-being, and in their ability to function effectively socially.

The school can contribute greatly in the development of a healthy mental and emotional well-being, through the attitudes of staff, and the atmosphere in both the classroom and the school. Positive attitudes and a positive atmosphere will enhance students' self-esteem.

For that reason, the creation of a positive classroom atmosphere is essential for teaching this unit. (Refer to "Introduction: Building A Positive Classroom Atmosphere".) Since the unit deals with very personal topics (students are, after all, learning about themselves, and nothing can be more personal than that!), teachers should be aware of the need for sensitivity and respect. Students should all be given the opportunity to participate in discussions, but should also be given the opportunity to pass, if they feel uncomfortable in sharing information with others. Students, and teachers, will gradually become more accustomed to the teaching methods used in this unit, and will soon begin to feel quite comfortable with the unit. Pilot testing of this unit indicated that students were hesitant for the first two or three lessons, but then really enjoyed learning about themselves!

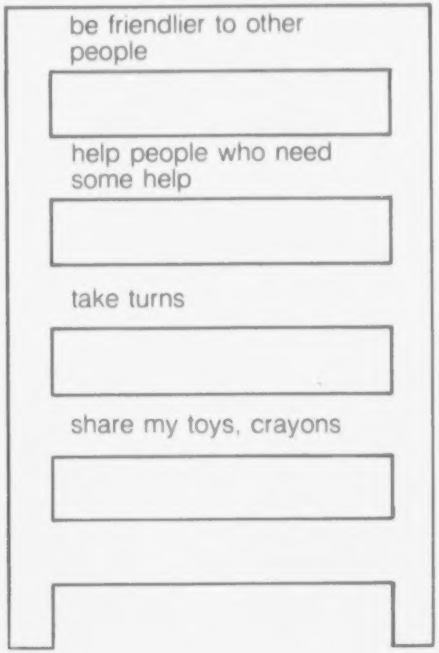
Because of the personal nature of the unit, teachers must become familiar with their cultural appropriateness. Different cultural groups have different values regarding the self, as opposed to the group. They have different ways of appropriately expressing (or not expressing) feelings. Teachers should adapt the materials as necessary to fit the local situation. Wherever possible, members of the local culture should teach culturally sensitive topics to enhance and reinforce students' understanding of these topics within the appropriate cultural context.

As opportunities present themselves in class, school or community, teachers should encourage students to demonstrate the skills and to apply the concepts. In this way, students will continue to develop positive attitudes, and will also see the relevance of what they learn to their everyday lives.

The teacher can work with individual students to help them improve in areas where they are particularly weak. Each student can be helped to set a personal goal, such as "I will try to be friendlier to other students." The teacher can help each student identify concrete ways to work towards the goal and can, together with the student, monitor progress.

E.g., CLIMBING THE LADDER

Name: ____________


be friendlier to other people
help people who need some help
take turns
share my toys, crayons

GRADE 3

GROWTH AND DEVELOPMENT

GROWTH AND DEVELOPMENT

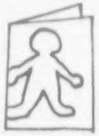
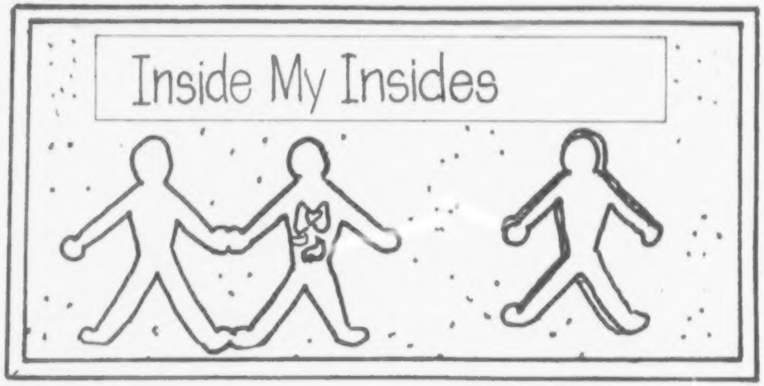
GRADE: 3 LESSON: 1 THEME: BODY SYSTEMS

CONCEPT: THE BODY HAS MANY INTERNAL ORGANS

PREPARATION:
1. Prepare a class set of "The Inside Story" (Activity Sheet GD20)
2. Prepare a child-size body outline which opens - with detachable body organs (Activity Sheets GD21A, 21B, 21C)
3. Prepare a class set of Inside My Insides worksheet (Activity Sheet GD22)
4. Enough strings or tape measures for Student Activity 5

VOCABULARY: brain, heart, lungs, stomach, liver, kidneys, abdomen

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
		Teachers may be able to use animal parts for students to examine. (The Science Language Development Unit 'Fish' gives instructions for dissecting and examining a fish.)
i) name the major body organs	1. Play the game "Simon Says."	This is a review of the external body parts (from Kindergarten, Lesson 1).
	2. Learn the poem "The Inside Story."	Refer to Activity Sheet GD20. Distribute sheets to students to refer to as they learn the poem.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
ii) locate the major body organs	3. Name and locate the major body organs.	Refer to Activity Sheets GD21A, 21B, 21C. Make a child-size body outline. Fold a piece of brown paper in two. Cut out a child-size body outline, keeping it joined at the arm and leg, as illustrated.  Post the body outline on the wall. Cut out body organs illustrated on Activity Sheets GD21A, 21B, 21C. Have students tape the organs to the inside of the body outline, as each is named. See illustration. 

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Emphasize these organs:

Major Body Organs	Locations
brain	head
heart	chest
lungs	chest
stomach	abdomen
liver	abdomen
kidneys	abdomen

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	4. Locate their own hearts with their hands and feel them beating.	If a stethescope is available, they can listen to each other's hearts.
	5. Measure a partner's chest while s/he is breathing in and out.	Group students in pairs. One student breathes in as much air as possible while the partner measures his/her chest using a piece of string or a tape measure. The first student then breathes out as much air as possible while the partner measures the chest size. Compare and discuss differences in the two measurements. Explain that the lungs are filling up with air and emptying air as a person breathes in and out.
	6. Practise naming body organs and correctly placing them on the child-size body outline.	Have students work in pairs. (If schools have commercial models of the body, teachers will be able to use these for locating the major body organs.)

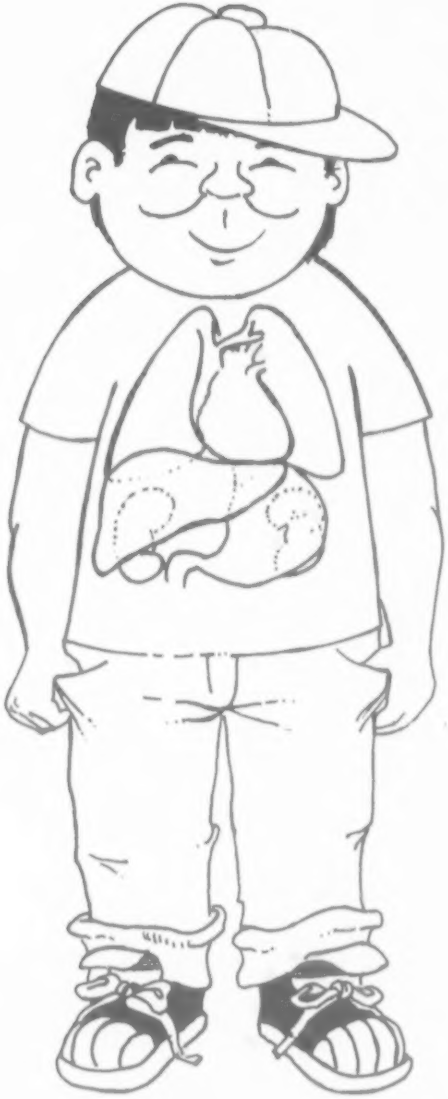
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	7. Make their own "The Inside Story" bodies.	Refer to Activity Sheet GD22. Cut out and paste organs on inside of body outline.

GD20

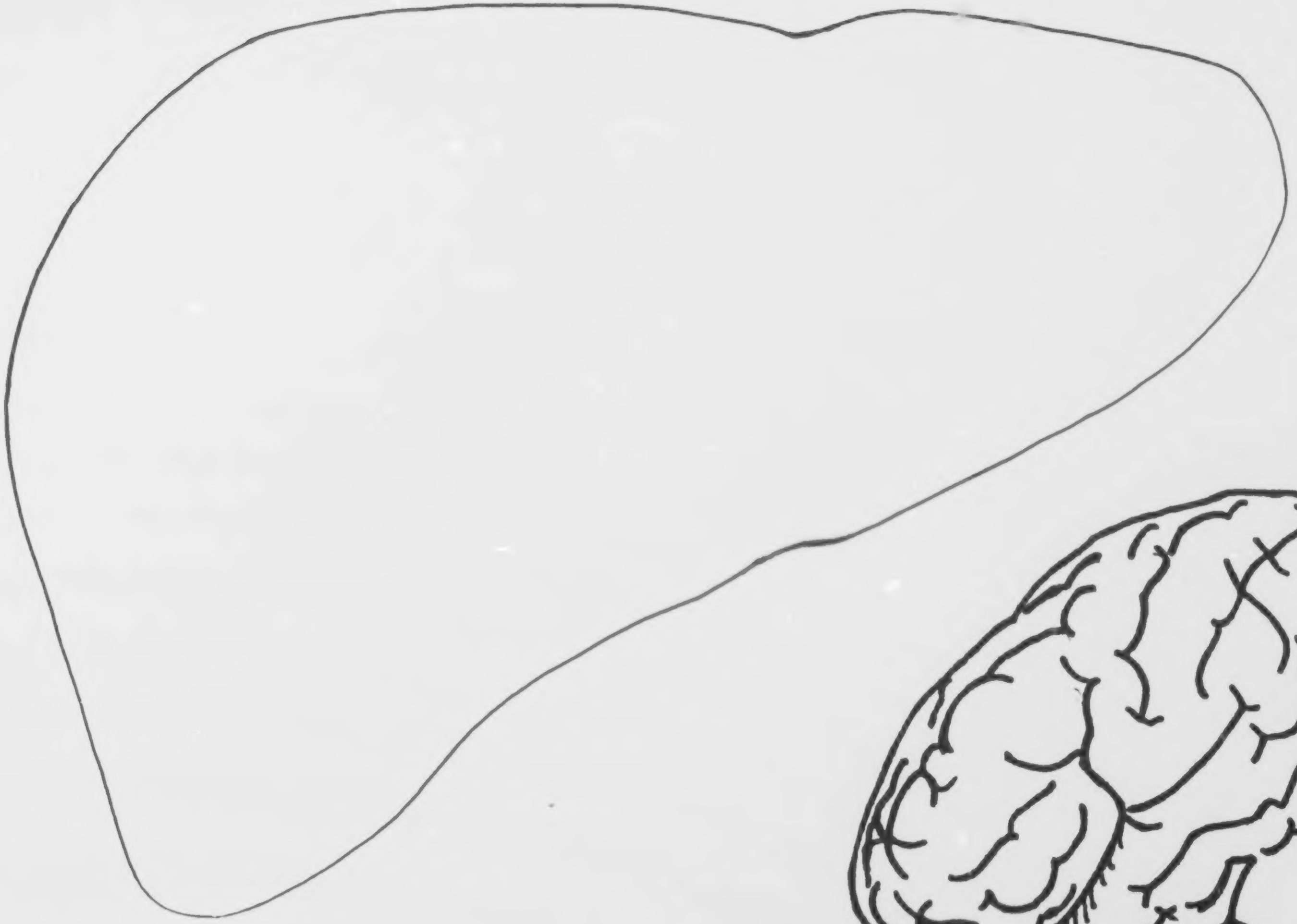
THE INSIDE STORY

There are parts of me
You cannot see.
They're there;
There is no doubt.
If I were magic
You could see them,
'Cause I'd turn
My insides out!

(Source Unknown)



GD21A



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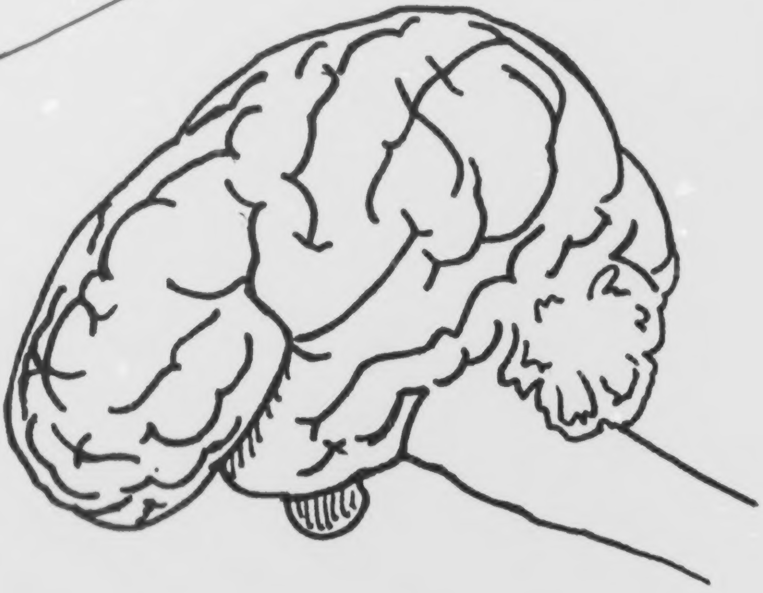

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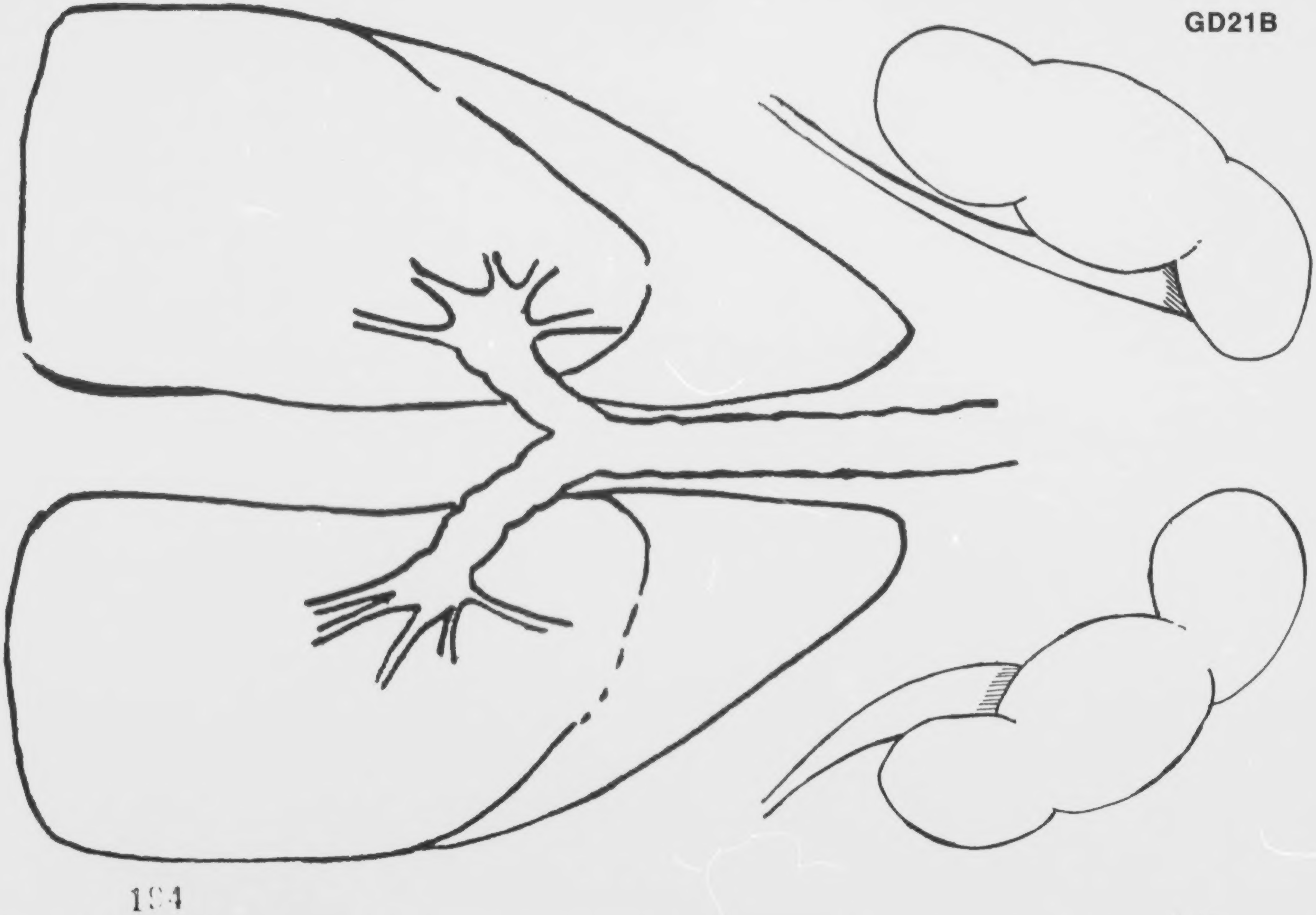
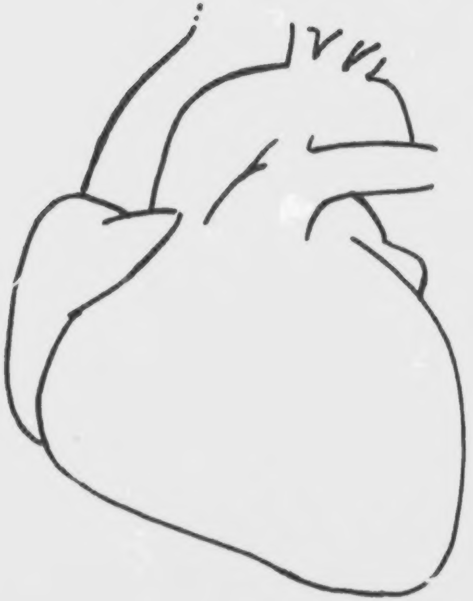
GD21B



GD21C



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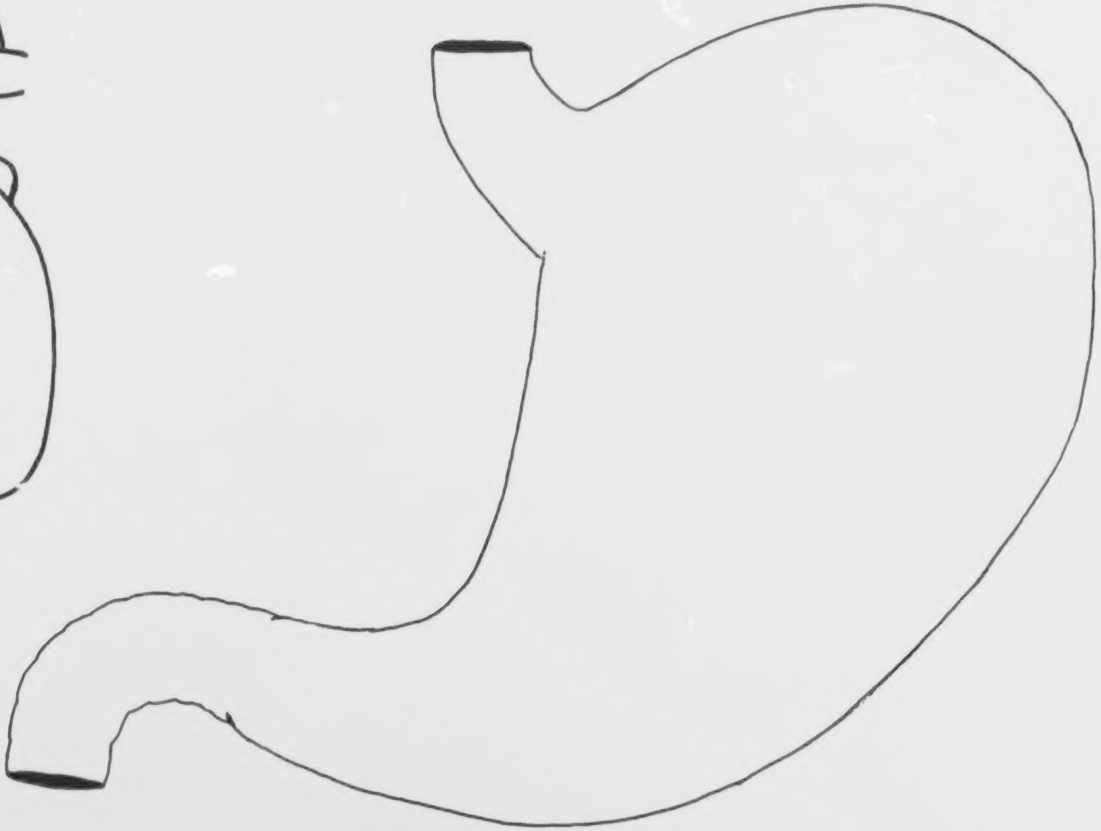

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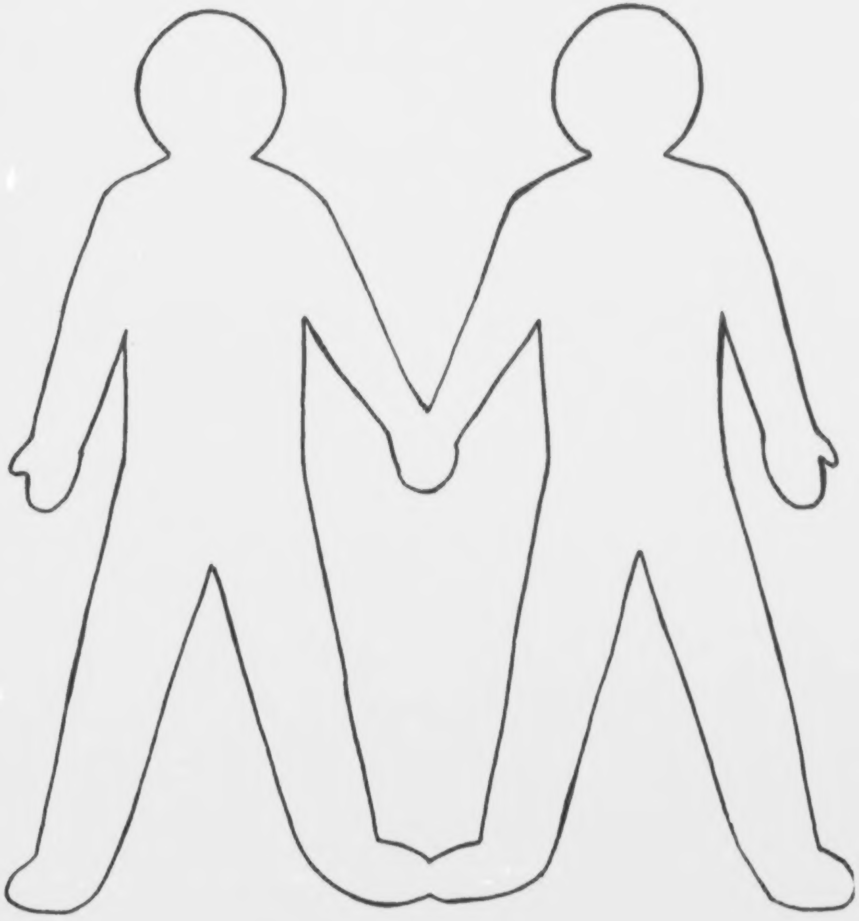
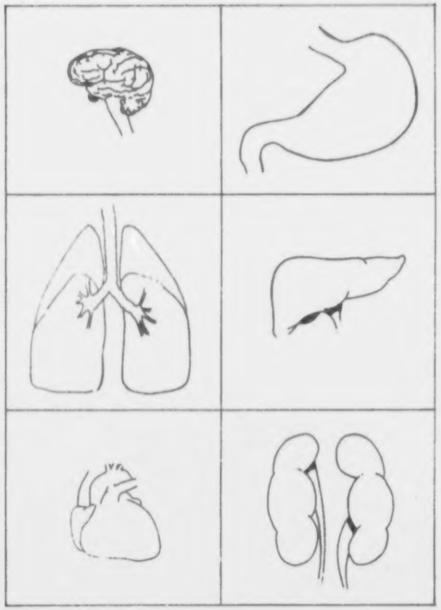
GD22

INSIDE MY INSIDES





GROWTH AND DEVELOPMENT

GRADE: 3 LESSON: 2 THEME: BODY SYSTEMS

CONCEPT: THE BODY HAS MANY INTERNAL ORGANS

PREPARATION:
1. Child-size body outline and organs from Lesson 1
2. Pocket chart and sentence strips
3. Prepare Body Organ Function Cards (Activity Sheet GD23)
4. Prepare a class set of "Inside and Out" poem (Activity Sheet GD24)
5. Prepare a class set of Symbols worksheet (Activity Sheet GD25)

VOCABULARY: breathe, pump, blood, clean, wastes, poisons, controls

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) describe the functions of the major body organs	1. Review the names and locations of the major body organs.	Use the child-size body outline from Grade 3, Lesson 1.
	2. Demonstrate how the heart works.	Fold one hand over the other. Keep squeezing it (80 times in 1 minute). This is how the heart works - as a pump. Have students find some pulse points: - wrists - right and left side of neck

<table>
<tr><th>OBJECTIVES</th><th>STUDENT ACTIVITIES</th><th>TEACHER NOTES</th></tr>
<tr>
<td></td>
<td>3. Briefly describe what the major organs do.</td>
<td>
Use a pocket chart or an experience chart and have students respond using the sentence pattern as illustrated:
What organ(s) | help(s) us | breathe
pump blood
break down food
Our lungs | help us | breathe
<table>
<tr><th>ORGAN</th><th>FUNCTION</th></tr>
<tr><td>heart</td><td>pumps blood through the body</td></tr>
<tr><td>brain</td><td>controls all body activity
thinks</td></tr>
<tr><td>lungs</td><td>help us breathe air in and out</td></tr>
<tr><td>kidneys</td><td>clean wastes from the blood</td></tr>
<tr><td>liver</td><td>cleans wastes and poisons from the blood</td></tr>
<tr><td>stomach</td><td>breaks down food for the body to use</td></tr>
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OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	4. Match the named body organ function cards to the appropriate organ on the child-size body outline.	Refer to Activity Sheet GD23. Prepare cards with each major body organ on one side and its function on the reverse side. Students take turns matching the cards to the body outline.
	5. Learn the poem "Inside and Out."	Refer to Activity Sheet GD24.
ii) describe behaviours that promote healthy internal organs	6. Identify positive behaviours that promote healthy internal organs.	Ask students what things they can do to keep themselves healthy. Record student responses using a pocket chart and the sentence pattern as illustrated. Exercise | keeps my | heart | healthy Not smoking | lungs

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES

Discussion should include:

BEHAVIOUR	ORGAN AFFECTED
exercising regularly	heart, lungs
playing outdoors	heart, lungs
eating regular balanced meals	stomach
having regular medical and dental check-ups and immunizations	all organs
getting plenty of sleep and rest each day	all organs
avoiding the use of tobacco or snuff	lungs, heart, brain, kidneys
avoiding use of alcohol	liver, heart, brain, kidneys
drinking adequate fluids	kidneys
maintaining normal weight	heart

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	7. Illustrate a behaviour that promotes healthy internal organs.	Refer to Activity Sheet GD25. Display by matching to appropriate body organs on the child-size "Inside Story" body outline.

GD23

BODY ORGAN FUNCTION CARDS

one side	reverse side
brain	. controls all body activity . thinks
lungs	. help us breathe air in and out
kidneys	. clean wastes from the blood
heart	. pumps blood through the body
stomach	. breaks down food for the body to use
liver	. cleans wastes and poisons from the blood.

GD24

INSIDE AND OUT

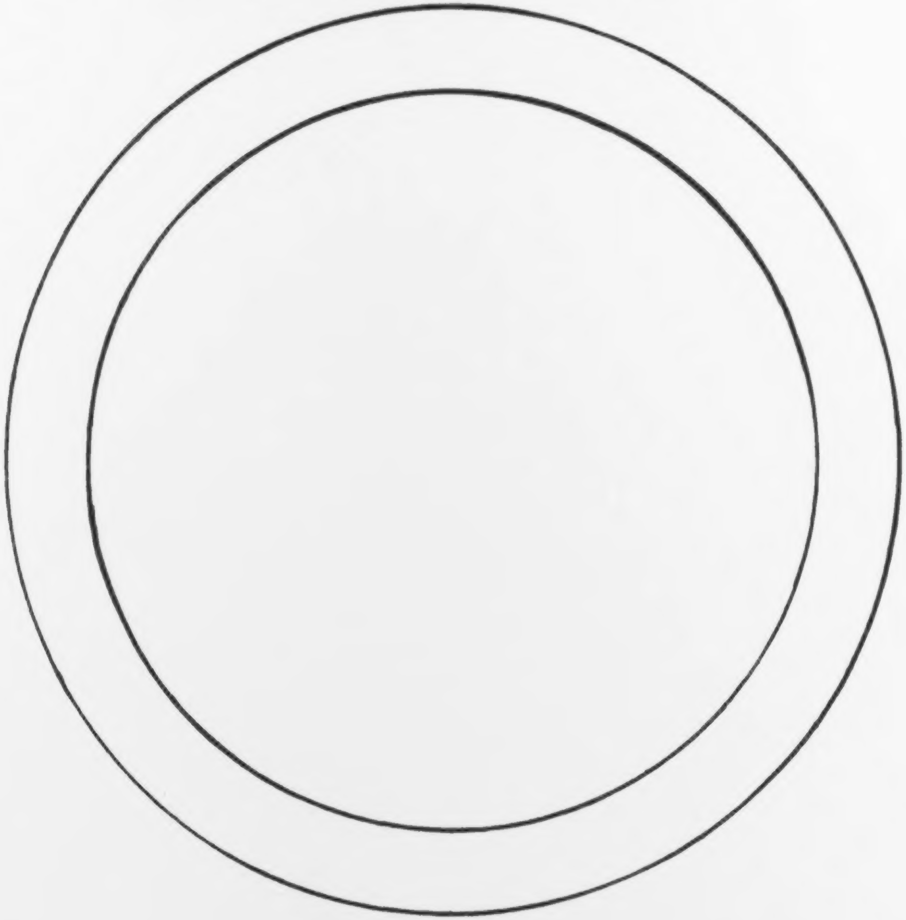
I have two lungs to breathe with,
Kidneys that make my blood good.
I have a brain to think with,
A stomach to break down my food.

My liver cleans out wastes and poisons.
My heart pumps my blood through my veins.
I have to take care of these organs
To keep my whole body from pains.

Adapted by: Reiko Trudeau

SYMBOLS

Inside the circle, draw a picture of something which you do to keep your body organs healthy. Colour the outside circle green.



GROWTH AND DEVELOPMENT

GRADE: 3 LESSON: 3 THEME: GROWTH PATTERNS

CONCEPT: HEIGHT AND WEIGHT CHANGE AS PEOPLE GROW

PREPARATION:
1. Metre sticks, measuring tape and scales
2. Pocket chart and sentence strips
3. Prepare a class set of "I'm Growing," "Measuring Me" poems (Activity Sheet GD26)
4. Prepare a class set of Measuring Me worksheet (Activity Sheet GD27)
5. Ask students to bring photos of themselves (or invite mother and child to class)

VOCABULARY: height, weight, grow, measure, tall, short, gain, kilogram, centimetre

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) identify changes in personal height and weight over time	1. Measure height and weight.	Students work in pairs. Use metre sticks or measuring tapes to measure the heights of students. Use a bathroom scale for weighing students. To make a height chart, cut strips of paper equal to each student's height. Make into a large graph. (Adding machine paper is suitable.) To make a weight chart simply list each student's name on chart paper and record the weight beside. Above the column of weights write the date.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. Identify changes in height and weight during the year.	Repeat Student Activity 1 a number of times over the year. Ask students how their weight and height have changed. Record their responses using a pocket chart and the sentence pattern as illustrated. John is taller than me Mary smaller than John Mary the smallest I was ____ , now I am ____
	3. Learn the poem, "Measuring Me."	Refer to Activity Sheet GD26.
	4. Complete the Measuring Me worksheet.	Refer to Activity Sheet GD27. Have students work in pairs. Repeat the activity sheet in two or three months.
	5. Identify how people's height and weight change over time.	By examining photos of students at different ages, discuss changes in height and weight over time. (Or ask a mother to bring in a baby and a toddler.) Emphasize that children grow and develop at their own rates, and that variations are normal.
	6. Learn the poem "I'm Growing."	Refer to Activity Sheet GD26.

I'M GROWING

Look at me!
It isn't showing.
You can't see it
But I'm growing.

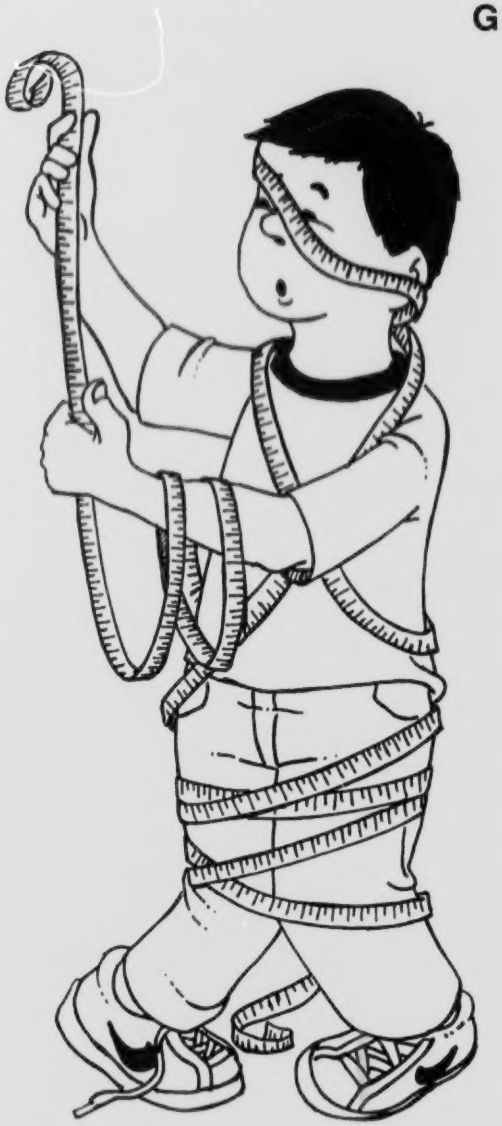
(Source Unknown)

MEASURING ME

I measure from top
Of my head to my toes.
I measure my arms
Starting here by my nose.

I measure my legs
And I measure me all.
I measure to see
If I'm growing tall.

(Source Unknown)



MEASURING ME

With a partner measure:

1) around your head _______ cm

2) from your fingertips to your shoulder ______ cm

3) across your shoulders _______ cm

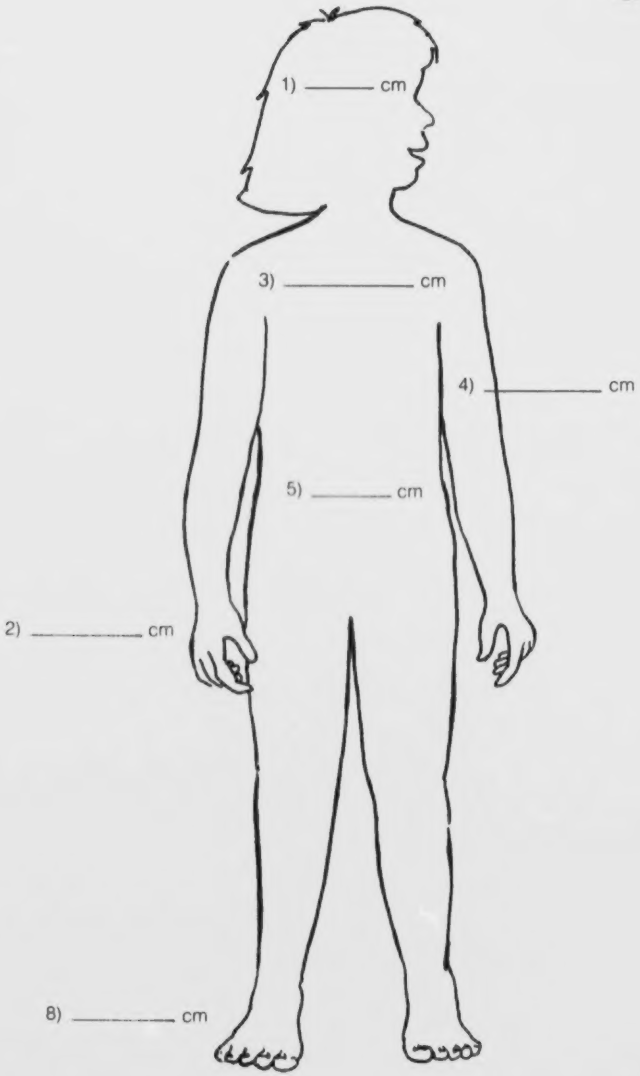
4) around your upper arm _______ cm

5) around your waist _______ cm

6) your height ________ cm

7) your weight ________ kg

8) the length of your foot _______ cm



GRADE: 3 LESSON: 4 THEME: DISEASE PREVENTION

CONCEPT: THE SPREAD OF DISEASE CAN BE PREVENTED

PREPARATION:
1. Materials for making posters
2. Invite a nurse or doctor to visit the class or arrange a visit to the nursing station

VOCABULARY: disease, prevent

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) identify common communicable childhood diseases	1. Describe how the body tells a person s/he is sick.	Ask students if they have ever been sick. Ask students how their bodies told them they were sick, and have them respond using the sentence pattern: I knew I was sick because I ________________. - had a sore throat - had a headache - had a fever - had a chill - had a stomach ache - was not hungry - was really tired - had a runny nose - had watery eyes - threw up

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. Name some common communicable diseases.	Common communicable diseases include: - common cold - measles - impetigo - ear infection - flu - lice - scabies
ii) identify ways to prevent the spread of disease	3. State why it is important to wash hands.	To prevent the spread of disease.
	4. Identify other ways to prevent the spread of communicable diseases.	Make an experience chart. At the top of the chart write the sentence pattern: ________________ helps prevent the spread of disease. - washing hands with soap and water before eating - washing hands with soap and water after going to the bathroom - boiling water that may be unsafe to drink - storing leftovers properly - using a tissue to cover the nose and mouth when coughing, sneezing - throwing dirty tissues in the toilet or garbage - using your own towel, comb, etc. - telling an adult when you feel sick - taking medicine as told by an adult - taking care of cuts and scratches immediately - keeping the area where you live and play clean

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	5. Demonstrate ways to prevent the spread of communicable diseases.	Divide students into small groups. Have each group mime or act out one way to prevent the spread of disease. Other students guess what method is being acted out.
	6. Learn the poem "Coughs And Sneezes."	Germs are spread through Coughs and sneezes. Use a tissue To stop diseases. C. McGregor
	7. In small groups, make posters illustrating ways of preventing the spread of disease.	At the bottom of each poster have students write the sentence pattern: _______________ helps prevent the spread of disease.
	8. Discuss signs of common diseases and ways to prevent them with a nurse or doctor.	Invite a nurse or doctor to visit the class to talk about what signs s/he looks for when identifying common diseases and ways of preventing them. Alternatively, students can visit the nursing station.

GROWTH AND DEVELOPMENT

GRADE: 3 LESSON: 5 THEME: DISEASE PREVENTION

CONCEPT: HEALTH IS A SHARED RESPONSIBILITY

PREPARATION:
1. Pocket chart and sentence strips
2. Prepare a class set of "Sick In Bed" poem (Activity Sheet GD28)
3. Prepare a class set of Feeling Better worksheet (Activity Sheet GD29)

VOCABULARY: feeling better

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) identify personal responsibilities when recovering from sickness	1. Describe some of the things they do when they are sick to help themselves get better.	Everyone has been sick at one time. Ask students to identify some of the things they do when they are sick to help themselves get better. Have students respond using a pocket chart and the sentence pattern as illustrated. When I was sick | I | stayed in bed told my mother

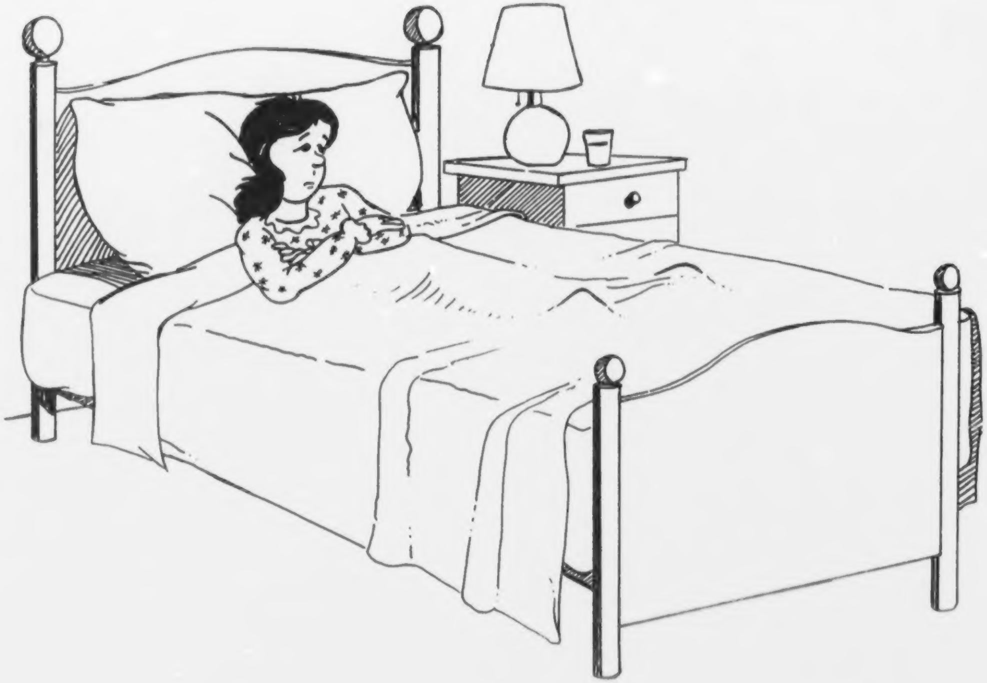
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Discussion should include: - told my parents/an adult I was not feeling well - stayed in bed when I had a fever - drank plenty of fluids - stayed away from friends and school until I would not pass on my germs - saw a nurse, doctor or dentist (depending on sickness) - stretched and walked for a short time each day once I started feeling better - took medicine as told by an adult I trust
	2. Learn the poem "Sick In Bed."	Refer to Activity Sheet GD28.
	3. Complete the Feeling Better worksheet.	Refer to Activity Sheet GD29.

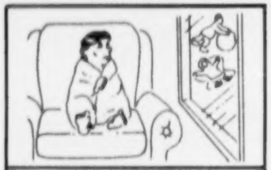
GD28

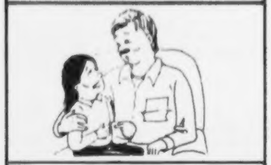
SICK IN BED

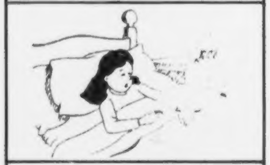
Little Mary, sick in bed,
Her mother called the nurse.
This is what she said:
"Stay in bed, don't go to school,
Don't go near your friends."
That's the sickness rule!

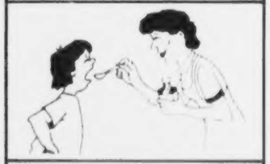
Adapted by: Margy Gilmour
Heather Nolsoe
Helen Balanoff

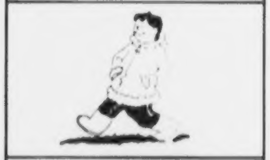


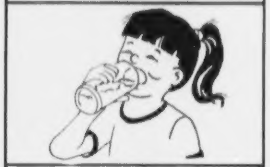


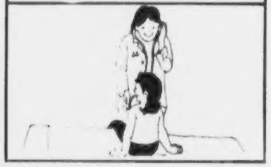












GD29

FEELING BETTER

Match the pictures with the correct sentence:

Stay in bed.
Take medicine from an adult. An adult knows how much to give you.
Drink lots of water or juice.
Tell an adult when you feel sick.
Stay away from school and friends.
See the doctor or nurse.
Stretch and walk when you feel better.

GROWTH AND DEVELOPMENT

GRADE: 3 LESSON: 6 THEME: ENVIRONMENTAL HEALTH

CONCEPT: POLLUTION AFFECTS THE HEALTH OF A COMMUNITY

PREPARATION:
1. Gas or oil and a bowl of water
2. A polaroid camera
3. Prepare a class set of Pollution poems (Activity Sheet GD30)
4. Pocket chart and sentence strips
5. Tape recorder for recording advertisements

VOCABULARY: pollution, health, environment

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Refer to the Science/Language Development unit "Plants."
i) identify the different categories of pollution	1. Name what plants and other living things, need to be healthy.	Explain that the environment provides air, water and soil which is essential to the life and health of living things.
	2. Name examples of pollution that make the environment unhealthy.	Make an experience chart with students listing examples of pollutants.

3. Take a walk around the community to observe examples of air, water and soil pollutants.

4. Record what they saw on their walk, the possible consequences and some solutions.

Air	Water	Soil	Noise
particles soot dust dirt smoke	garbage oil	chemicals weeds discarded objects	skidoos motor-bikes stereos

If students have difficulty thinking of examples have them:

- observe garbage being burned at the dump, or outside the house
- think about how the community looks in the spring when all the snow melts (exposing improperly disposed of garbage)

Students can take photographs of some of the pollution with a polaroid camera. They can make a pollution display with the photographs after the walk.

Make an experience chart using examples observed on the walk. Ask students what will happen as a result of the pollution and what can be done about it. Have students respond using the sentence patterns:

(Pollutant) (where found) can (consequences).

One solution might be (solution)__________.

Pollutant	Where Found	Consequences	Solutions
sewage	by the river	makes the water dirty, makes people sick	a sewage treatment plant
loud motorbike	near the school	damages the ears	not riding fast in town

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Mark the location of the pollutants on a map of the community.
	5. Learn the "Pollution" poems.	Refer to Activity Sheet GD30. Divide the class into three groups. Have each group practise and say one poem, in unison, while the rest of the class listens. Teacher can help groups with intonation, body language, etc.
ii) identify ways to prevent pollution	6. Describe what people can do to prevent or reduce pollution.	Use examples identified by students in Student Activity 4. Ask students what people can do to prevent or reduce pollution.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Record student responses using a pocket chart and the sentence pattern as illustrated. People can prevent pollution by not dropping garbage I keeping the stereo turned down Discussion should include: - not dropping garbage - keeping stereo turned down - telling other people about pollution
iii) identify the prevention of pollution as a shared responsibility	7. Prepare and record advertisements for local radio telling people about pollution.	Divide students into four groups. Have each group prepare a radio advertisement about one kind of pollution (e.g., air) emphasizing what people can do to reduce/prevent that type of pollution in their community, and pointing out the advantages of reduced/no pollution. Students should also deliver the message that pollution control is a shared responsibility. Ask the local radio station to play some of the advertisements.
	8. Prepare a poster that illustrates what each person can do to help prevent pollution.	Have each student write a caption on the bottom of his/her poster using the sentence pattern: We can all prevent/reduce pollution by ______ ______.

POLLUTION

Garbage
Children sick
Because it's from the
Garbage on the ground
Everywhere.

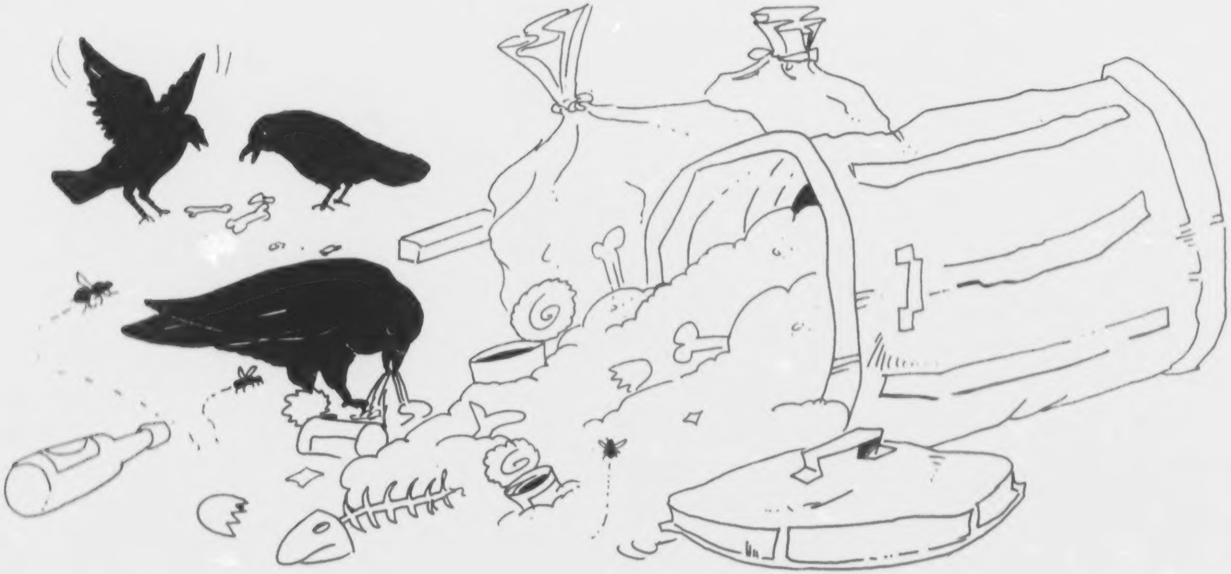
Gerry Nitsiza
Lac La Martre

Sewage
Stinky, gross
Killing our environment
Killing fish, birds, plants
Pollution

Chad McCullough
Hay River

Noise
Awful, loud
Filling the air
Breaks your eardrums
Pollution

Charmaine Clark
Hay River



GRADE 3

TEACHER BACKGROUND INFORMATION

GROWTH AND DEVELOPMENT

MAJOR BODY ORGANS AND SYSTEMS

Cells are the basic building blocks of the body. There are many kinds of cells (e.g., muscle, bone, skin, etc.) The adult body contains trillions of cells.

Tissues are groups of like cells that have a specific function.

Organs are made up of tissues and have a specific function.

The major body organs are:

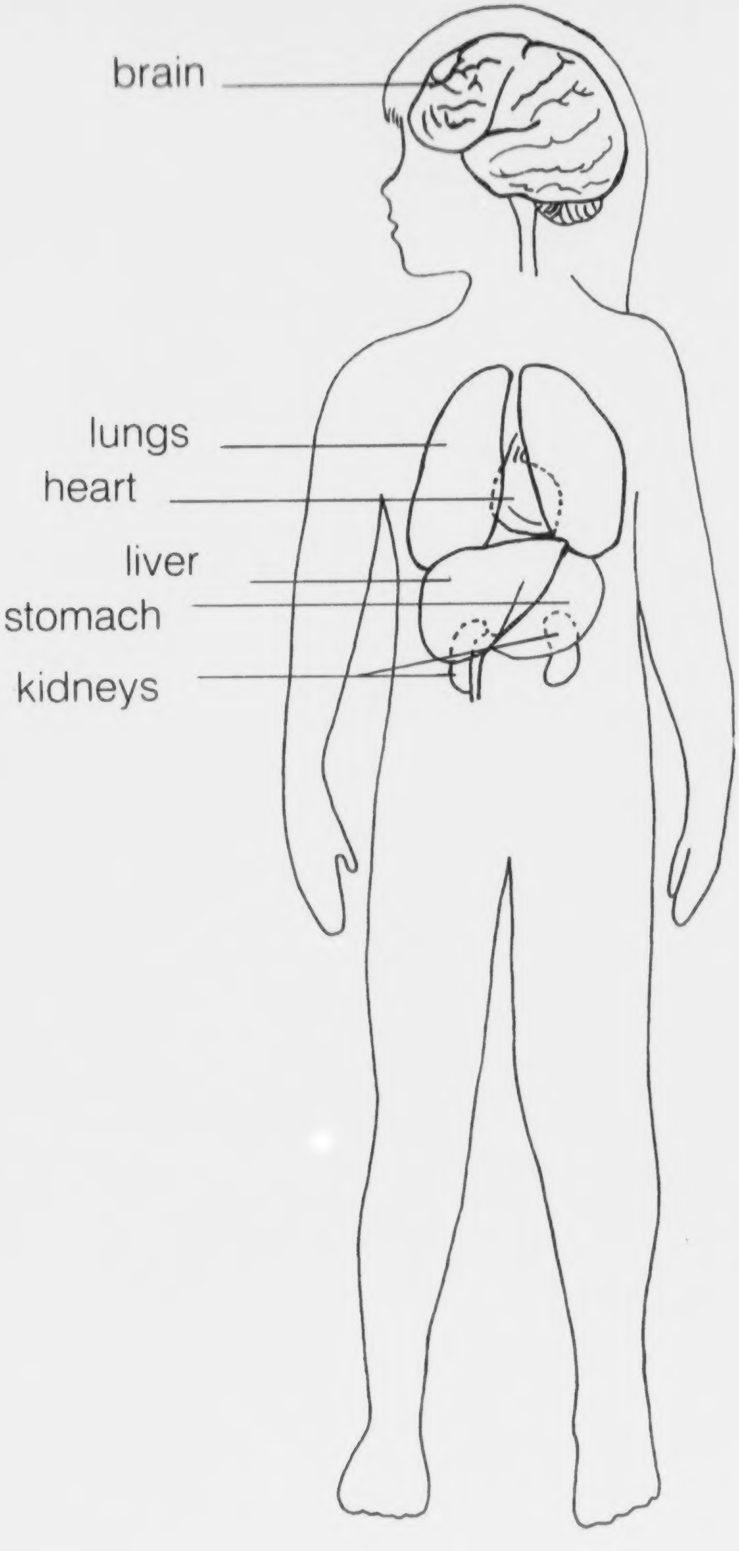
1. BRAIN - nervous system
   Function - regulates thinking, memory, balance, coordination
2. LUNGS - respiratory system
   Function - provide air and oxygen for the body and exchange it for body wastes (carbon dioxide)
3. HEART - circulatory system
   Function - pumps blood with nutrients and oxygen to all parts of the body
4. STOMACH AND INTESTINES
   - digestive system
   Function - change food into forms that can be used by the body and eliminate wastes
5. LIVER - digestive system
   Function - breaks down chemicals, cleans the body of harmful wastes; aids in digestion of fats, stores energy (in the form of glycogen)
6. KIDNEYS AND BLADDER
   - excretory system
   Function - remove liquid wastes from the blood and produce urine which is stored and later removed from the urinary bladder.

Related organs are grouped into a body system. For example, the heart, veins, arteries, capillaries are organs of the circulatory system.

Eleven body systems work together to carry out the many functions of daily living.

1. Digestive System
2. Circulatory System
3. Respiratory System > SUPPLY AND TRANSPORT
4. Excretory System
5. Immune System
6. Muscular System
7. Skeletal System > SUPPORT AND PROTECTION
8. Integumentary (Skin) System
9. Endocrine System > CONTROL AND REGULATION
10. Nervous System
11. Reproductive System > REPRODUCTION

BODY ORGANS


brain
lungs
heart
liver
stomach
kidneys

GD52

COMMON COMMUNICABLE CHILDHOOD DISEASES

Childhood Diseases	Signals
Red Measles	Tired and uncomfortable, running nose, fever, pains in back and head, small white dots on the gums, rash at the hairline spreading down the body, spots may run together to form blotches
German Measles (RUBELLA)	Slight cold, some fever, sore throat, lymph nodes swell, rash on face and scalp, then to body and arms, spots do not run together - rash fades in 2-3 days
Mumps	Swelling of glands in the neck, pain, tenderness, fever, loss of appetite, back pains, headache
Chicken Pox	Slight fever, headache, backache, loss of appetite, small red spots on the back or chest, spots enlarge and a vesicle of clear fluid appears, itchy
Strep Throat	Sore throat, headache, red pharynx, enlarged tonsils, flushed face

Childhood Diseases	Signals
Common Cold	Running nose, sneezing, stuffy feeling, slight headache, watering of eyes, general aching and listiessness, slight fever
Ear Infection	Severe pain, fever, draining of the ear
Influenza (Flu)	Fever, chills, headache, sore throat, cough, intestinal disorders, muscular pain
Lice (Pediculosis) (Head Lice)	Visible white specks in the hairs of the back of the head, glands behind ears and back of the neck are enlarged, itching
Scabies	Intense itching, more often at night, usually one month after initial infection

COMMON COMMUNICABLE CHILDHOOD DISEASES

Childhood Diseases	Signals
Impetigo	Thin walled vesicle which ruptures and is covered by a honey-yellow crust, spreads in circles on exposed parts of the body
Meningitis	Headache, vomiting, nausea, stiff neck, chills, fever, irritability, confusion and later convulsions
Tuberculosis (TB)	Fatigue, weight loss, night sweating, afternoon temperature elevation, productive cough, blood-tinged sputum

Source: Physical Well-Being Teaching Aids, Manitoba Education, 1986

GRADE 3

NUTRITION

NUTRITION

GRADE: 3 LESSON: 1 THEME: FOOD CLASSIFICATION

CONCEPT: EACH FOOD GROUP HAS A SPECIFIC FUNCTION WHICH PROMOTES HEALTH

PREPARATION:

1. Prepare a class set of Food Bingo cards and Food Bingo items (Activity Sheets N21A and 21B)
2. Food samples, food pictures, food packages for Student Activity 2
3. Index cards and crayons (red, blue, orange, green) to make Food Groups flashcards
4. Materials (coat hanger, labels, packages, pictures, etc.) for food group mobiles
5. Prepare a class set of We Are the Food Groups song (Activity Sheet N22)

VOCABULARY: muscle, skin, energy, disease

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background information: Page N39 to N49 Prior to allowing students to eat food in class, teachers should check with parents to find out if any students have food allergies.
i) classify various foods into the four food groups	1. Play Food Bingo.	Refer to Activity Sheets N21A and 21B. Have each student make a bingo card by selecting 15 food items from Activity Sheet N21B, cutting them out, and pasting them on the Bingo card (N21A) under the correct headings. The free square may be pasted in any square of the student's choice. Have each student make bingo markers from scraps of paper.

OBJECTIVES | STUDENT ACTIVITIES | TEACHER NOTES

The teacher cuts all food items from Activity Sheet N21B and places them in a bag. The caller (either the teacher or a student) selects food item squares from the bag and calls out the name of the food. Any students who have that item on their cards can cover that square. The first person to complete a line, up, down or diagonally, is the winner. That person can then be the caller.

2. Classify various foods into the four food groups.

Give each student four index cards and coloured crayons. Have them make flash cards as shown:

milk and milk substitutes	meat, fish, birds and eggs
(blue)	(red)
bannock, bread and cereal	fruit and vegetables
(orange)	(green)

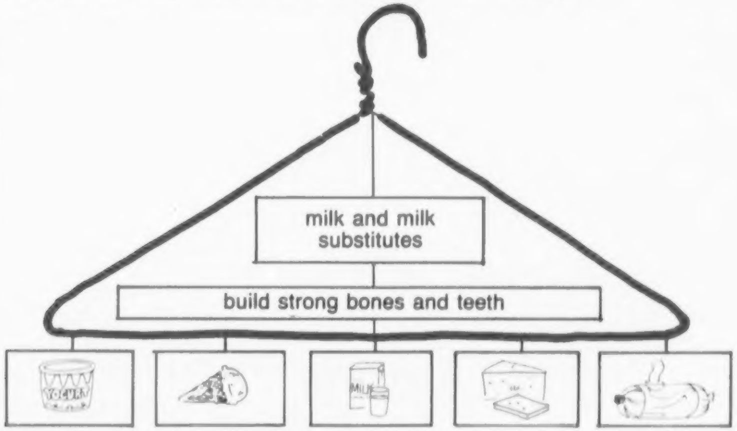
The teacher holds up a label, package or drawing of a food item. Students have to hold up the correct food group flash card (this activity can also be done in pairs or small groups). If the teacher holds up a food item that does not belong to one of the food groups, e.g., pop, students give a 'thumbs down' sign.

describe the main function of each of the four food groups

3. Describe the main function of each food group.

Use an experience chart as illustrated:

FOOD GROUP	WHAT IT DOES	
Milk and milk substitutes	GROW	- builds strong bones and teeth
Meat, fish, birds, eggs,	GROW	- builds strong muscles
Fruits and vegetables	GLOW	- keeps the body healthy - fights diseases - is good for the skin
Bannock and cereals	GO	- gives us energy to work and play

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	4. Make a list of foods which perform specific functions.	Divide the class into small groups. Call out one specific function e.g., 'gives us energy to work and play'. Each group has one minute to list as many foods as they can think of which belong in that food group (use chart paper and markers). Each group displays its list. Groups earn points for each item listed, but they lose points if another group identifies an incorrect food on their list. The group which identified the incorrect food "captures" those points.
	5. Make a mobile of one food group and its main function.	Divide the class into four groups. Each group has to make a mobile for one food group. Use a coat hanger for the mobile. Label the coat hanger with the food group and its function. Hang labels, containers or pictures of food from that group from the hanger.  milk and milk substitutes build strong bones and teeth YOGURT MILK Display the mobiles around the class.
	6. Learn and sing "We Are The Food Groups".	Refer to Activity Sheet N22. Use the same groups as in Student Activity 5 (students learned a simpler version of this song in Grade 1).

FOOD BINGO CARDS

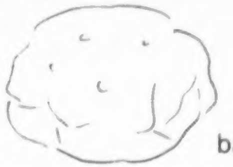
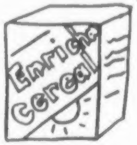
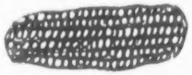
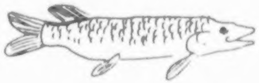
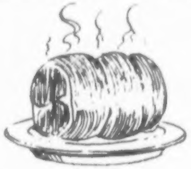
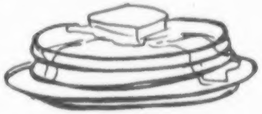
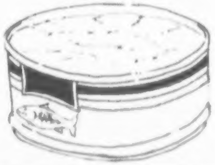
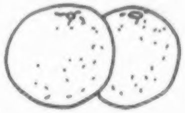
N21A

Milk and milk substitutes	Fruits and vegetables	Bannock, bread and cereals	Meat, fish, birds and eggs
Colour this row blue	Colour this row orange	Colour this row green	Colour this row red

FOOD BINGO ITEMS

N21B

Choose 15 items. Cut out and stick on your card in the correct food group. You have to fill each box. You can use the 'free square' card in one of your boxes.

 bannock	peanut butter	potato	yogurt
 cereal	 corn	 fish	powdered milk
tomato juice	carrot	 roast	muffin
pork chop	raisins	ice cream	 pancakes
 canned fish	peanuts	toast	 oranges

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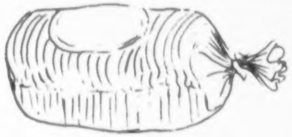
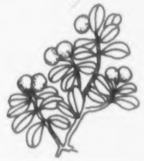
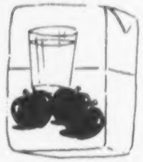
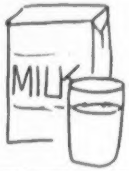
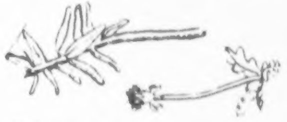
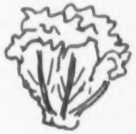
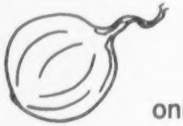
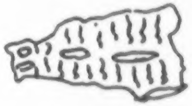
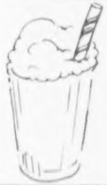
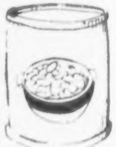
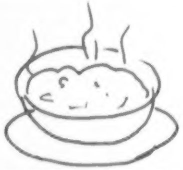
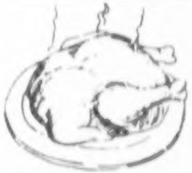
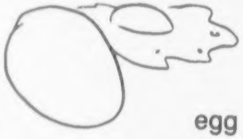
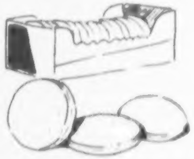
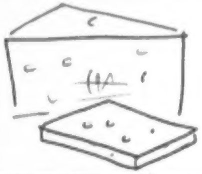
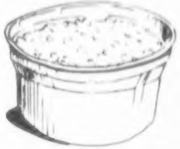
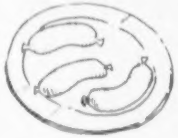
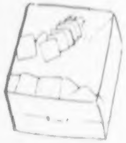
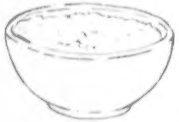
FOOD BINGO ITEMS

 bread	 cranberries	 apple juice	 milk
 wild greens	 lettuce	 onion	FREE
 dried meat	 milkshake	 baked beans	 porridge
 duck	 egg	 pilot biscuits	 cheese
 cottage cheese	 sausage	 crackers	 pudding

WE ARE THE FOOD GROUPS

N22

Whole class
We are the food groups. We are the food groups —
Red and orange, green and blue
We are the food groups. We are the food groups.
We keep you healthy. Yes we do.

4 groups
We are the red group.
We are the red group —
Meat and Fish and Birds and Eggs.
We are the red group.
We are the red group —
We GROW the muscles in your legs.

We are the blue group.
We are the blue group —
Milk and cheese and yogurt too.
We are the blue group.
We are the blue group —
Strong bones and teeth GROW just like new.

(Tune: La Cucaracao)

Barbara Hall

We are the orange group.
We are the orange group —
Bannock, Bread and Cereal
We are the orange group.
We are the orange group —
Get up and GO is what you feel.

We are the green group.
We are the green group —
Fruit and Veggies is our name.
We are the green group.
We are the green group —
You'll GLOW with health — your skin, the same.

Whole class repeat first verse
Yell, "YES WE DO!" in last line

NUTRITION

GRADE: 3 LESSON: 2 THEME: FOOD CLASSIFICATION

CONCEPT: FOODS THAT ARE HIGH IN SUGAR, FAT AND/OR SALT DO NOT BELONG TO ANY FOOD GROUP

PREPARATION:
1. Samples of foods which do not belong to any of the four food groups
2. Prepare a class set of Too Much. . . worksheet (Activity Sheet N23)

VOCABULARY: sugar, salt, fat, greasy, sticky, junk food

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) explain why some foods do not belong to any of the four food groups	Students: 1. Explain why some foods do not belong to any of the four food groups.	Background information: Page N50 to N53 Have samples of a variety of foods that do not belong to any of the food groups, e.g., candy, pop, chocolate bars. These foods usually have - a lot of sugar (sweet, sticky) - a lot of salt (salty) - a lot of fat (fatty, greasy) While some foods can be called "junk food" (e.g., pop), others such as butter are not "junk food". However, they do not have significant nutritional value and have too much sugar, salt or fat to belong to one of the four food groups.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
dentify common foods vhich do not belong o any food group	2. List foods which do not belong to any of the four food groups.	Have students make a list of some foods which do not belong to a food group.
	3. Classify these foods as salty, sweet or sticky, fatty or greasy.	Have students look at the list from Student Activity 3 and decide if each food is sweet/sticky, salty or greasy/fatty. Record student responses using an experience chart as illustrated.

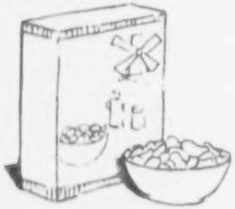
Salty	Sweet or sticky	Fatty or greasy
pickles	sugar	butter
ketchup	honey	mayonnaise
mustard	jam/jelly	french fries
potato chips	pies	donuts
salted popcorn	pop	potato chips
pretzels	chocolate	lard
	candy	chocolate bars
	sweet dried fruits	whipping cream
	sugar coated cereals	cream cheese
	marshmallows	buttered popcorn

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	4. Complete the Too Much . . . worksheet.	Refer to Activity Sheet N23.

TOO MUCH...

N23

Draw a line from each food to the correct picture (you will have to draw more than one line for some foods).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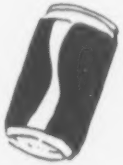
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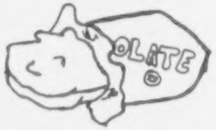
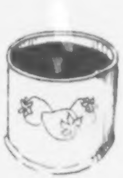
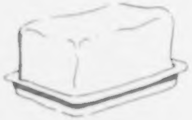
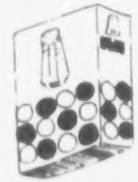

chocolate bar


jam


butter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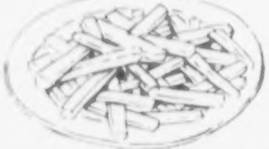
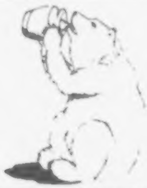
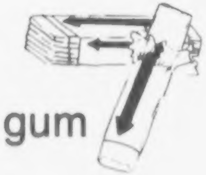
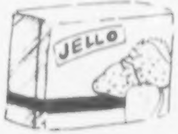
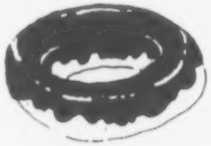

fatty, greasy


sweet, sticky


gum



jello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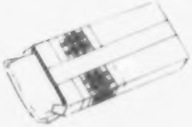
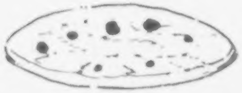

toffee


cookie

BEST COPY AVAILABLE

NUTRITION

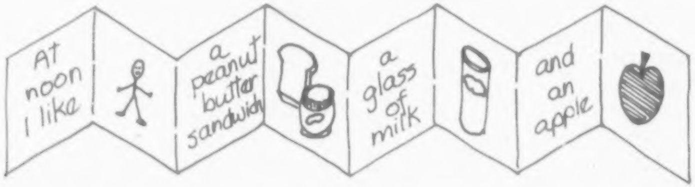
GRADE: 3　　LESSON: 3　　THEME: FOOD SELECTION

CONCEPT: A VARIETY OF FOODS FROM EACH FOOD GROUP IS NEEDED DAILY

PREPARATION:
1. Prepare a class set of A Healthy Start worksheet (Activity Sheet N24)
2. Prepare a class set of A Healthy Meal at Noon worksheet (Activity Sheet N25)
3. Prepare a class set of A Healthy Meal After School worksheet (Activity Sheet N26)
4. Prepare a class set of A Healthy Meal Song worksheet (Activity Sheet N27)

VOCABULARY: nutritious

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) plan nutritious eating for one day using a variety of foods	Students: 1. Review what a nutritious meal is.	Background information: Page N39 to N49 In Grades 1 and 2 the world "healthy" was used with students instead of the word "nutritious". Use either word depending upon your students' language competencies. Play the "Johnny Ate a Healthy Meal" game. Have students sit in a circle. The first student says 'In the morning, Johnny ate. . .' and includes something Johnny ate to start the day. The second student repeats it and adds something from another food group, and so on. (For the morning meal, Johnny needs food items from only three food groups, for other meals, he needs items from four groups).

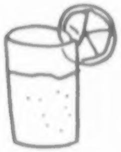
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		1st student: To start the day, Johnny ate eggs. 2nd student: To start the day, Johnny ate eggs and toast. 3rd student: To start the day, Johnny ate eggs, toast and milk. Teacher: Did Johnny eat a nutritious/healthy meal? Students: Yes, he did! (No he didn't). If the answer is 'no', review why not. A nutritious meal consists of food items from each of the four food groups. The exception is the morning meal which needs food items from at least three of the food groups.
	2. Plan nutritious food to start the day.	Refer to Activity Sheet N24.
	3. Plan a nutritious meal for noon.	Refer to Activity Sheet N25.
	4. Plan a nutritious meal for after school.	Refer to Activity Sheet N26.
	5. Choose nutritious snacks.	Have students look back to Activity Sheets N24, 25 and 26 and circle one item from each sheet that would make a nutritious snack. They should choose foods NOT selected for the meals.
	6. Make a zigzag book of their favourite nutritious meal.	Have students make a zigzag book of their favourite meal using the sentence pattern: In the (evening), I like (spaghetti, pudding and apple juice).  At noon I like a peanut butter sandwich a glass of milk and an apple Have students read their books to another student. Display the books around the class.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	7. Sing the Healthy Meal song.	Refer to Activity Sheet N27.

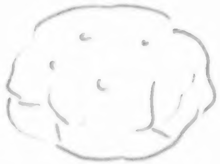
N24

A HEALTHY START

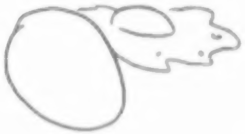
Put an X by three foods you would choose for a healthy start to your day.



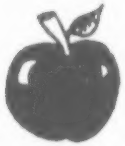
☐ orange juice



☐ bannock

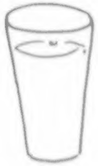


☐ eggs

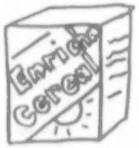


☐ apple

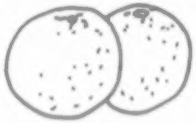
☐ cookies



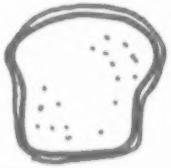
☐ kool aid



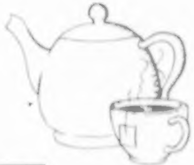
☐ cereal



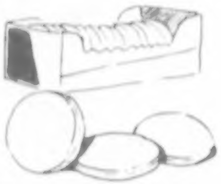
☐ orange



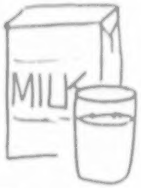
☐ toast



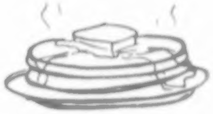
☐ tea



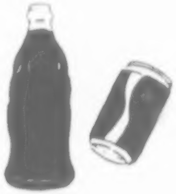
☐ pilot biscuits



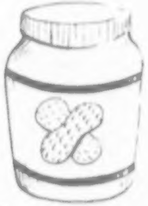
☐ milk



☐ pancakes



☐ pop



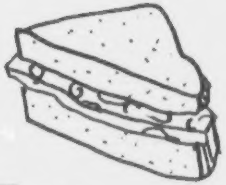
☐ peanut butter

Adapted from materials produced by the Ontario Milk Marketing Board

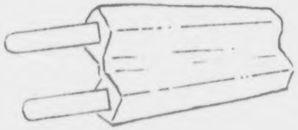
N25

A HEALTHY MEAL AT NOON

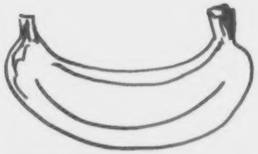
Put an X by four foods you would choose for a healthy meal at noon.



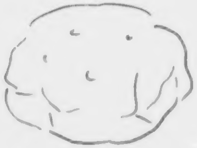
☐ fish sandwich



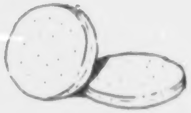
☐ popsicle



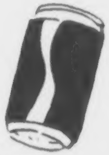
☐ banana



☐ bannock



☐ sugar cookies



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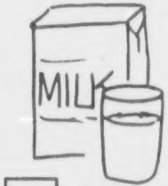
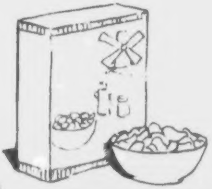
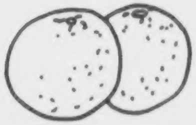


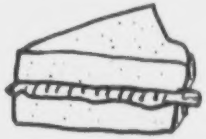
☐ milk



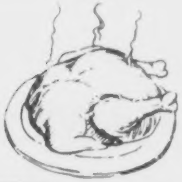
☐ potato chips



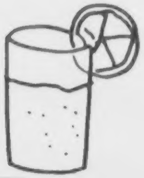
☐ orange



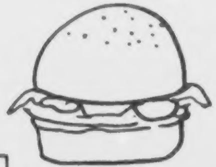
☐ peanut butter sandwich



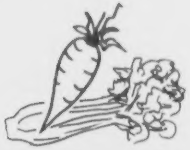
☐ duck



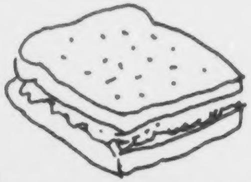
☐ juice



☐ hamburger



☐ carrot and celery sticks



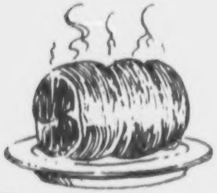
☐ meat sandwich

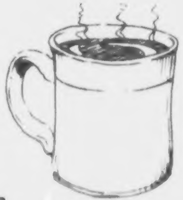
Adapted from materials produced by the Ontario Milk Marketing Board

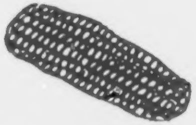
A HEALTHY MEAL AFTER SCHOOL

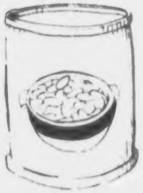
N26

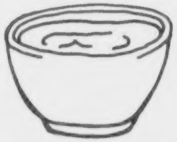
Put an X by four foods you would choose for a healthy meal after school.

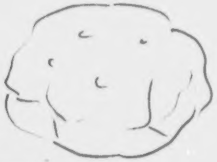

☐ roast meat

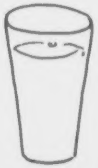

☐ coffee/tea

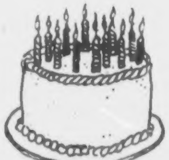

☐ corn

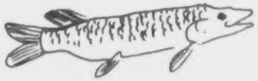

☐ baked beans

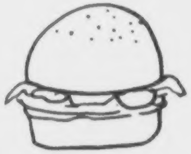

☐ milk pudding

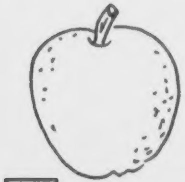

☐ bannock

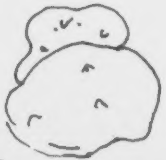

☐ tomato juice

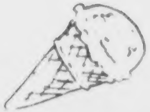

☐ cake

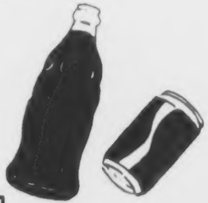

☐ fish

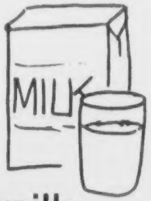

☐ hamburger


☐ apple


☐ potatoes


☐ ice cream


☐ pop



☐ milk

Adapted from materials produced by the Ontario Milk Marketing Board

THE HEALTHY MEAL SONG

(Tune: 'The Twelve Days of Christmas')

VERSE 1:
First thing this morning my mother gave to me,
orange juice for vitamin C.

VERSE 2:
First thing this morning my mother gave to me,
hot scrambled eggs
and orange juice for vitamin C.

VERSE 3:
First thing this morning my mother gave to me,
one slice of toast, hot scrambled eggs
and orange juice for vitamin C.

VERSE 4:
First thing this morning my mother gave to me,
one glass of milk, one slice of toast
hot scrambled eggs
and orange juice for vitamin C.

VERSE 5:
When I skipped home at noontime my mother gave to me,
food that will keep me healthy.

VERSE 6:
When I skipped home at noontime my mother gave to me,
a cheese and lettuce sandwich
food that will keep me healthy.

VERSE 7:
When I skipped home at noontime my mother gave to me,
a tasty crunchy apple, a cheese and lettuce sandwich
food that will keep me healthy.

VERSE 8:
When I skipped home at noontime my mother gave to me,
my second glass of milk, a tasty crunchy apple, a cheese
and lettuce sandwich
food that will keep me healthy.

VERSE 9:
After school this evening my mother gave to me,
fluffy mashed potatoes
food that will keep me healthy.

VERSE 10:
After school this evening my mother gave to me,
a piece of tender caribou
fluffy mashed potatoes
food that will keep me healthy.

VERSE 11:
After school this evening my mother gave to me,
two favourite veggies
a piece of tender caribou
fluffy mashed potatoes
food that will keep me healthy.

VERSE 12:
After school this evening my mother gave to me,
creamy milk pudding
two favourite veggies
a piece of tender caribou
fluffy mashed potatoes
food that will keep me healthy.

NUTRITION

GRADE: 3 LESSON: 4 THEME: FOOD APPRECIATION

CONCEPT: A WILLINGNESS TO EAT NUTRITIOUS FOOD PROMOTES FOOD APPRECIATION AND HEALTH

PREPARATION:
1. Ingredients for quick nutritious morning meals
2. Write the quick nutritious meals on recipe cards (Activity Sheet N28)
3. Prepare a class set of My Favourite Quick Nutritious Way to Start the Day (Activity Sheet N29)

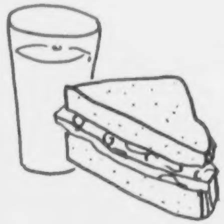
VOCABULARY: nutritious, quick, important

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background information: Page N50
i) prepare nutritious food to start the day	1. Plan and prepare quick nutritious food to start the day.	Refer to Activity Sheet N28. Divide students into four groups. Have each group make a quick nutritious morning meal from the recipe cards. Ask students for their own suggestions.
ii) demonstrate a willingness to eat nutritious food to start the day	2. Eat nutritious food to start the day.	Taste the quick, nutritious morning meals.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	3. Decide which quick food they liked best.	Refer to Activity Sheet N29. Ask students which meal they liked best. For the one they like best have them identify which food groups the food items belonged to. Add one thing from the remaining food group to make their morning meal more nutritious.
state the importance of nutritious food to start the day	4. Explain why it is important to start the day with nutritious food.	Ask students why they think it is important to start the day with nutritious food. Record student responses using the sentence pattern as illustrated. It is important to start the day with nutritious food because ______________________________. - it is the first food of the day - we haven't eaten for 12 - 14 hours - it gives us energy for school - we won't be hungry later on if we start the day with healthy food

N28

A QUICK NUTRITIOUS START



Quick Fix Food

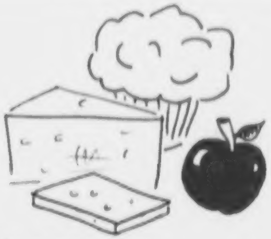
1. peanut butter and banana sandwich, glass of milk

or

2. cereal, dried fruit and milk

Healthy Shakes

30mL dried (fresh) milk
1 egg
125mL fruit juice (orange/apple)
100mL water
Put everything into a jar and shake.



Pocket Food

1. muffin, apple and cheese

or

2. bannock with cheese

Prepared-The-Night-Before Food

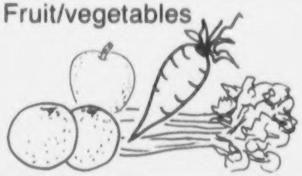
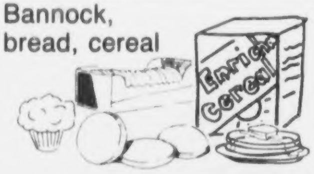
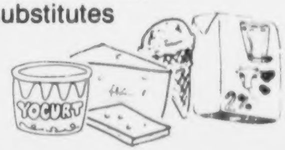
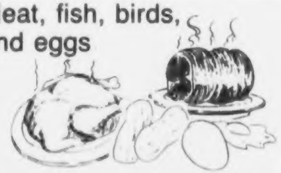
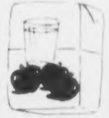
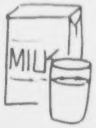
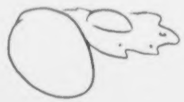
1. Hard boiled egg, bannock and orange

or

2. Yogurt with dried fruit and nuts

MY FAVOURITE QUICK NUTRITIOUS WAY TO START THE DAY

Write down which food group the food items in your favourite foods belong to. Add one other item to make your morning start more nutritious. One has been done for you.

	Fruit/vegetables 	Bannock, bread, cereal 	Milk and milk substitutes 	Meat, fish, birds, and eggs 
Example: Healthy Shake				
My Favourite Quick Start ____________				

I am going to add __________________________________.

GRADE 3

TEACHER BACKGROUND INFORMATION

NUTRITION

FOOD

Food is life. People, animals and plants need food to grow and remain healthy. The substances in food that help people grow and stay healthy are called nutrients.

NUTRIENTS

We need over 50 nutrients for good health. These nutrients have their own jobs to do, but often depend on each other. Because foods are different they give us different nutrients. No one food can provide all the nutrients we need. This means we must eat a variety of foods every day.

From food we also get energy to carry out daily activities. The energy comes from fats, carbohydrates and protein. If food gives more energy than needed, the extra energy is stored as fat.

If not enough energy comes from food, then the body loses weight. So, food energy must be balanced with activity to control body weight.

Although there are more than 50 nutrients essential for health and growth, there are only six major groups of nutrients:

Nutrient:	**Function:**
1. Protein	builds and repairs body tissue, e.g., muscles, skin
2. Fat	insulates and protects supplies energy carries vitamins A, D, E and K
3. Carbohydrates	important source of energy
4. Vitamins	Vitamin A: good night vision, healthy skin Vitamin C: healthy gums, teeth & blood vessels fights infection B vitamins: help the body use energy (Riboflavin) (Thiamin) (Niacin)
5. Minerals	Calcium: strong bones & teeth Iron: good blood
6. Water	regulates body functions

What Foods Do We Eat To Get All These Nutrients?

Traditionally, people in the North ate a healthy diet. The hunting and fishing lifestyle was active and healthy. There were times of little food, but generally people were able to feed themselves well. People wasted very little of their food sources. For example, they would eat all of an animal they killed; the eyes, brains, lips, stomach contents, etc. That way they were able to get all the nutrients they needed. Today, lifestyle and food sources in the North have changed. Both store and country foods are needed for good health and nutrition. The stores have many nutritious foods, but also some that aren't so nutritious. People need to choose foods carefully for best nutrition and value for their money.

Here's a list of foods, from the country and the store, that will give people the nutrients that they need everyday.

Nutrient	Country Food Source	Store Food Source
Protein	Wild game (all parts of the animal),wild birds, wild bird eggs, animal blood, fish, fish eggs, organ meats (liver, kidney, heart)	Beef, pork, chicken, turkey, organ meats, fish, dried beans and peas, cheese, eggs, nuts/seeds, peanut butter
Carbohydrate	Bannock, wild berries and greens, seaweed, animal stomach contents	Bread, whole grain cereals, enriched pasta (macaroni noodles, etc.), rice, dried beans and peas, macaroni dinner, crackers, pilot biscuits
Fat	Wild birds, wild game fat, muktuk, animal intestines	Beef, pork, luncheon meats, bologna, sausages, bacon, nuts/seeds, wieners, lard, butter, margarine
Calcium	Animal stomach contents, fish heads and bones, seaweed/kelp, wild dark green vegetables, bones, wild milk	Milk, cheese, yogurt, sunflower seeds, broccoli, dried beans/peas, canned fish with bones (salmon, sardines)
Iron	Game, wild birds, organ meats, seaweed, animal blood, wild greens	Organ meats, red meats, pumpkin seeds, green leafy vegetables, enriched cereal products, enriched pasta (macaroni, noodles, etc.)
Vitamin C	Wild greens, wild berries, seaweed	Potatoes, cabbage, broccoli, turnip, canned tomatoes, alfalfa and bean sprouts, oranges, orange and grapefruit juice, vitaminized apple juice
Vitamin A	Seal, wild birds, muktuk, animal stomach contents, seaweed, animal and fish liver, wild greens and berries	Broccoli, spinach, milk, butter, liver, carrots, squash
Vitamin D	Fish liver oils	Vitamin D fortified milk
Thiamin	Seal, wild birds, organ meats, muktuk, seaweed, bannock, wild greens	Dried beans/peas, pork, organ meats, nuts/seeds, enriched bread/cereals, enriched pasta (macaroni, noodles, etc.)
Riboflavin	Game, wild birds, stomach contents, organ meats, wild bird eggs, seaweed, bannock	Milk products, organ meats, enriched breads, cereals, enriched pasta (macaroni, noodles, etc.)

Nutrient	Country Food Source	Store Food Source
Niacin	Animal stomach contents, seaweed, bannock, organ meats, wild game, wild birds	Organ meats, enriched breads and cereals, enriched breads and cereals, enriched pasta (macaroni, noodles, etc.)

As shown in the above list, some foods provide more than one nutrient. Example: Wild game provides protein, fat, iron, vitamin A, thiamin and riboflavin. Also, some foods are the main source of more than one nutrient. Example: fortified milk is a main source of calcium, and it is also a main source of Vitamin D.

The Food Guide (Canada's Food Guide or the N.W.T. Food Guide), puts food together into four food groups, based on the leader nutrients they provide. By selecting foods from EACH group daily we can be sure of getting all the nutrients we need.

Here's a summary of what each group provides us with:

Milk and milk substitutes group (includes soft bones)	Calcium, riboflavin, vitamins A and D, protein, fat, carbohydrate
Meat, fish, birds and eggs group	Protein, iron, fat, vitamin A, thiamin, riboflavin, niacin
Bannock, bread and cereal group	Carbohydrate, thiamin, riboflavin, niacin, iron, fibre, protein
Fruit and vegetables group (includes intestines and stomach contents)	Vitamins A and C, carbohydrate, fibre, iron.

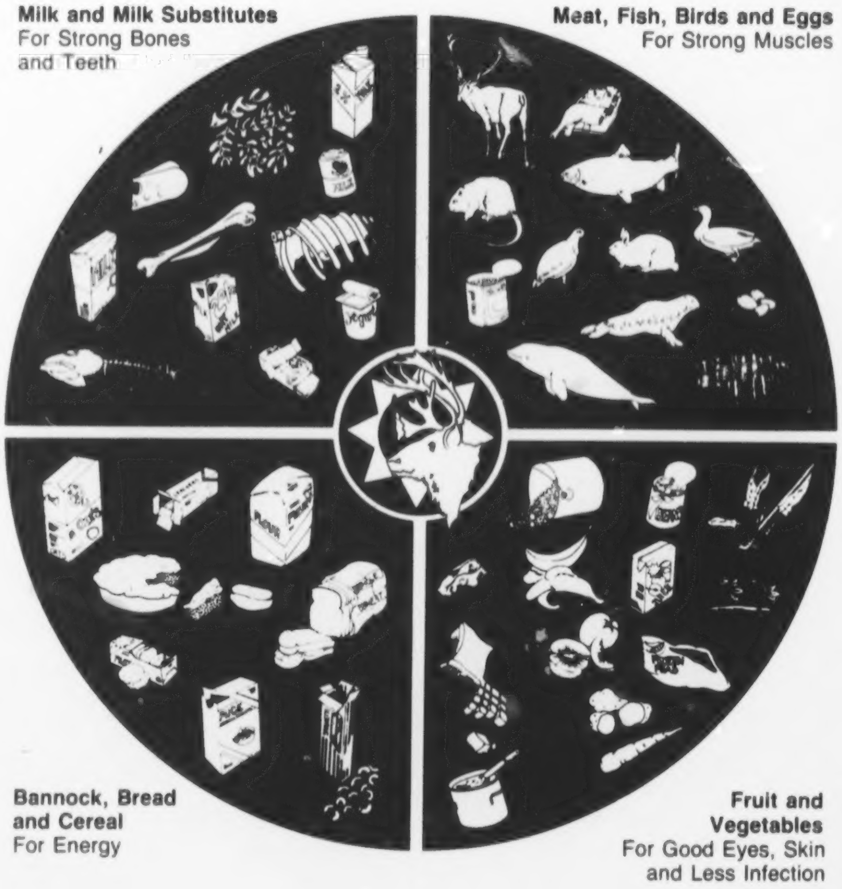
The food groups are colour coded to help people plan a healthy diet.

Blue	Milk and milk substitutes
Red	Meat, fish, bird, eggs and all edible parts
Green	Fruit and vegetables
Orange	Bannock, bread and cereal

This allows people to quickly identify a food with its food group, e.g., "Milk belongs to the blue group."

N.W.T. FOOD GUIDE

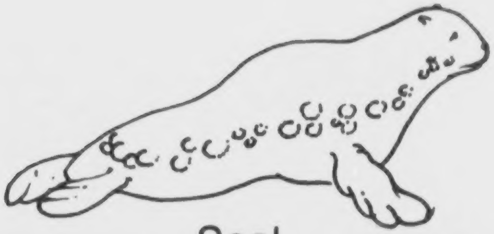
Eat foods from each group every day for health


Milk and Milk Substitutes
For Strong Bones and Teeth
Meat, Fish, Birds and Eggs
For Strong Muscles
Bannock, Bread and Cereal
For Energy
Fruit and Vegetables
For Good Eyes, Skin and Less Infection

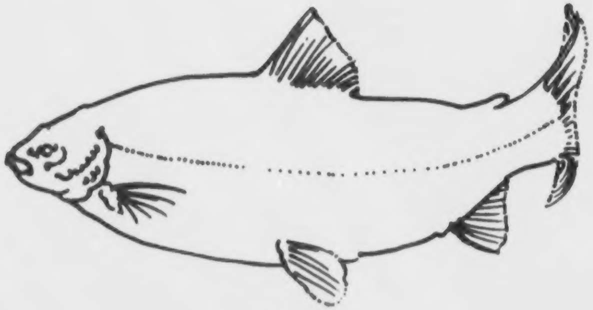
N42

COUNTRY FOODS FROM THE MEAT, FISH, BIRDS AND EGGS AND ALL EDIBLE PARTS GROUP

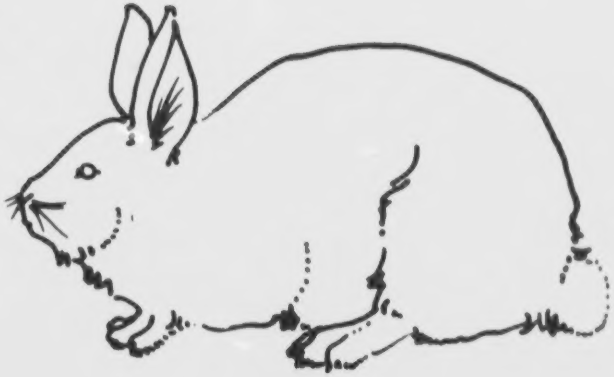
Leader Nutrients: Protein, Iron



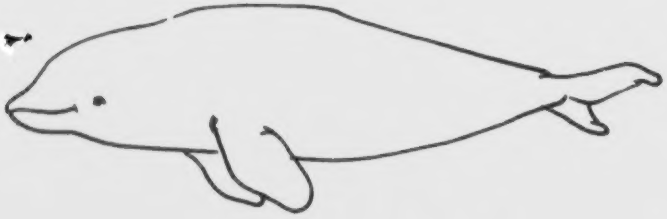
Seal



Fish



Rabbit

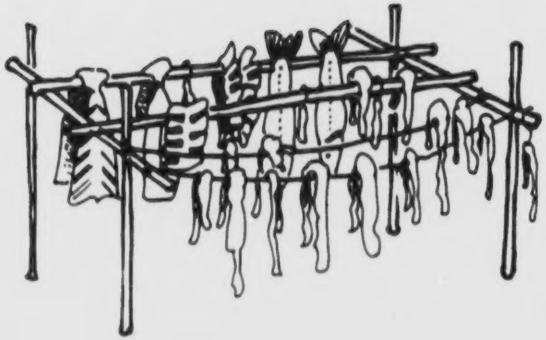


Whale

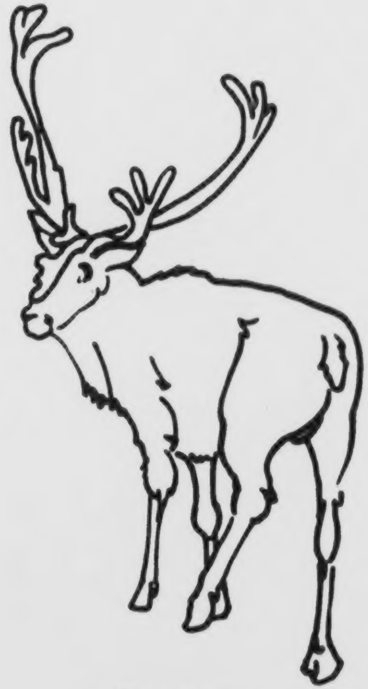
N43

COUNTRY FOODS FROM THE MEAT, FISH, BIRDS AND EGGS AND ALL EDIBLE PARTS GROUP

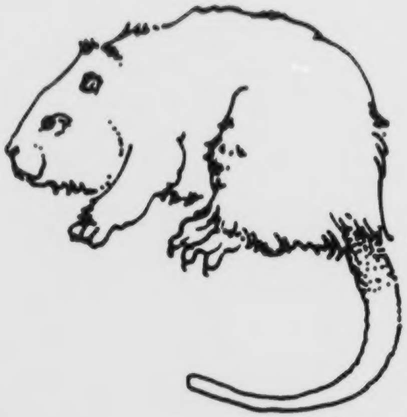
Leader Nutrients: Protein, Iron



Dried Meat and Fish



Caribou

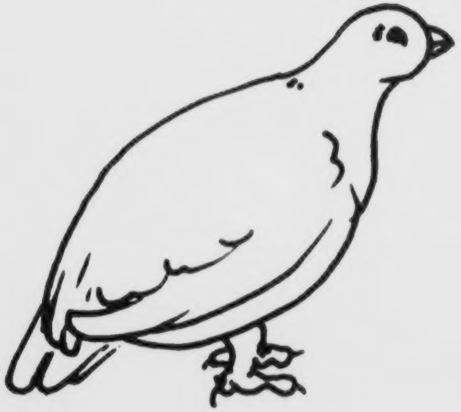


Muskrat

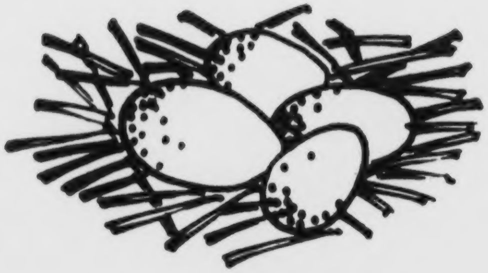
N44

COUNTRY FOODS FROM THE MEAT, FISH, BIRDS AND EGGS AND ALL EDIBLE PARTS GROUP

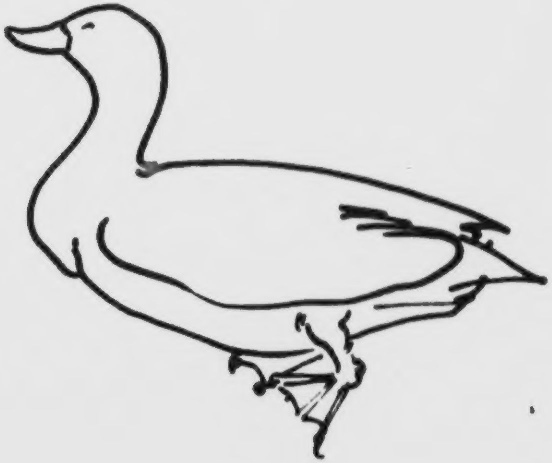
Leader Nutrients: Protein, Iron



Ptarmigan



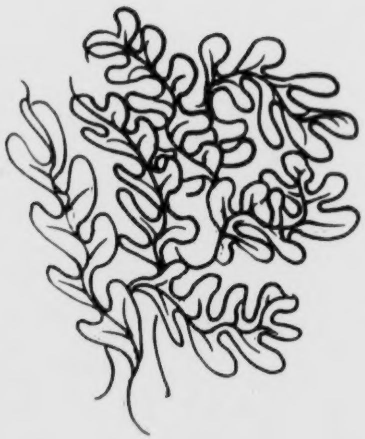
Eggs



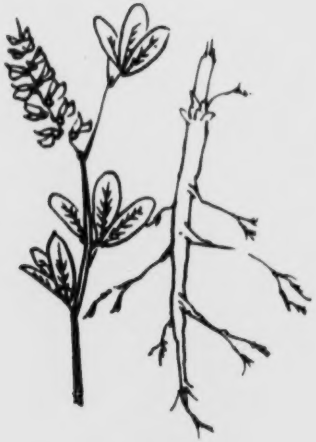
Duck

COUNTRY FOODS FROM THE FRUIT AND VEGETABLES GROUP

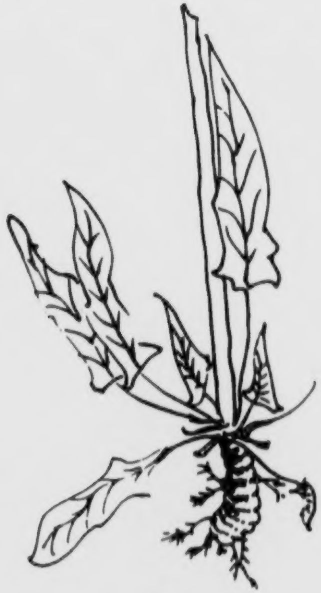
Leader Nutrients: Vitamin A, Vitamin C



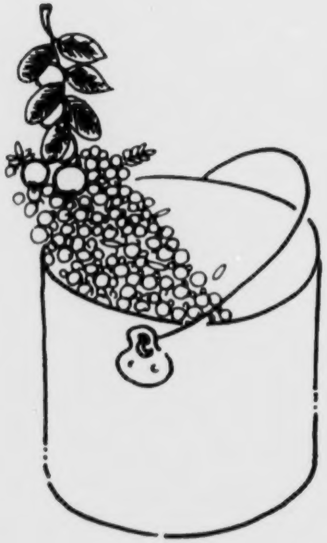
Seaweed



Clover



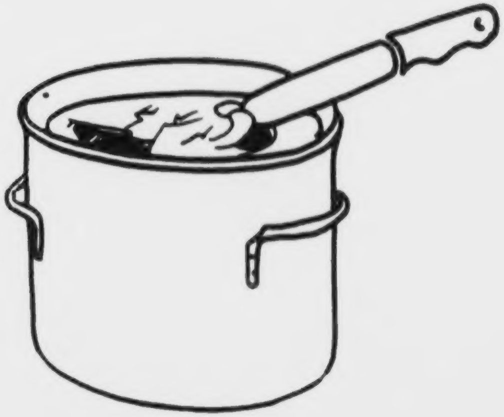
Dock



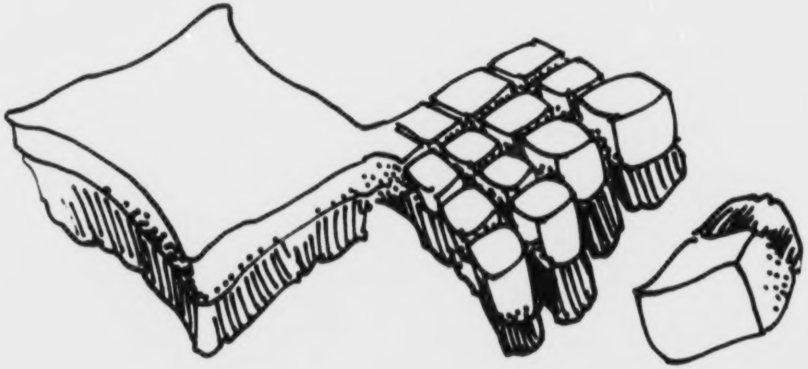
Berries

COUNTRY FOODS FROM THE FRUIT AND VEGETABLES GROUP

Leader Nutrients: Vitamin A, Vitamin C



Seal Fat



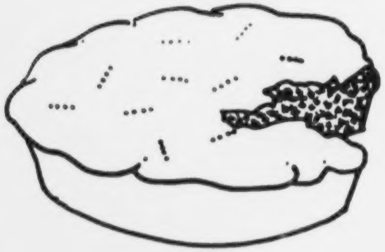
Muktuk

Even though these foods come from animals they are part of the Fruit and Vegetables Group because of their high vitamin content.

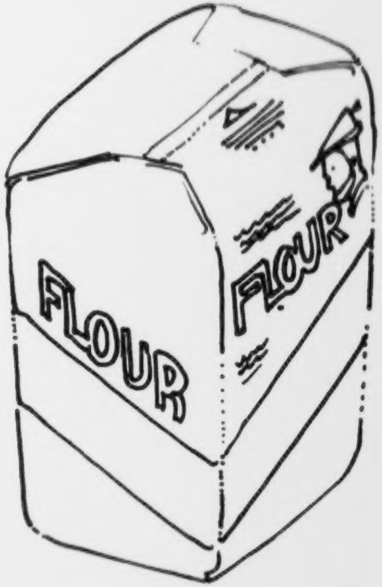
N47

COUNTRY FOODS FROM THE BANNOCK, BREAD AND CEREAL GROUP

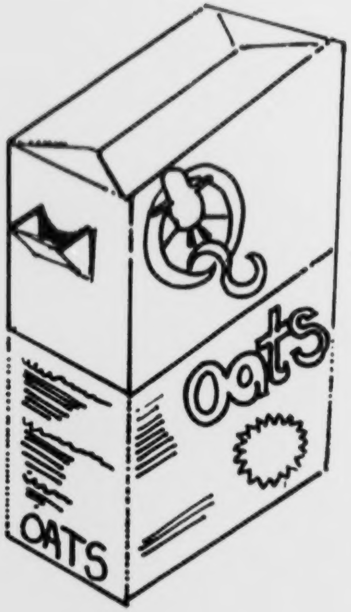
Leader Nutrient: Carbohydrates for Energy



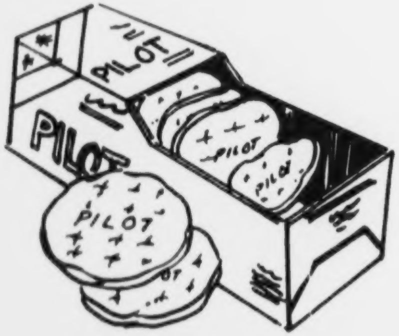
Bannock


FLOUR
FLOUR

Flour



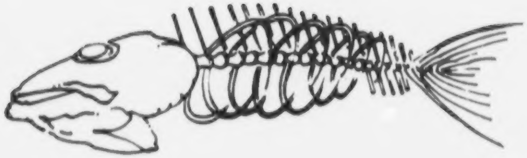
Oats


PILOT
PILOT
PILOT
PILOT

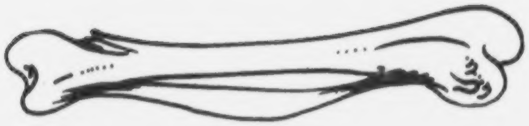
Pilot Biscuits

COUNTRY FOODS FROM THE MILK AND MILK SUBSTITUTES GROUP

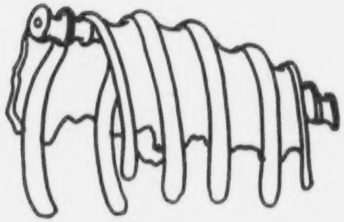
Leader Nutrient: Calcium



Fish Head and Bones



Leg Bone



Rib Bones

Even though these foods may seem like meat sources, they are part of the Milk and Milk Substitute Group because of their high calcium content.

MEAL NAMES AND TIMES

Students may eat at different times depending on the circumstances within the home.

In homes where one or more adults work (in the wage economy), and where there are school age children it is likely that students will eat a:

morning meal - or breakfast
noon meal - or lunch
evening meal - or supper/dinner
- snacks

(The terms morning meal, noon meal and evening meal are English translations of the corresponding terms in Inuinaktun, and are similar in other native languages.)

However some students may eat at other times. In some homes, food is always available and people eat continuously throughout the day, without having main meals. Not everyone eats main meals before school, at noon hour and after school/work.

What is important is that people follow the N.W.T. Food Guide, in terms of recommended numbers of daily servings and sizes of these servings. If people snack continuously, it is important that these snacks be nutritious, and include varied food items from each food group. It is also important that students start the day with nutritious food. This gives them the energy they need for work and play and aids their concentration.

WHY IT IS IMPORTANT TO START THE DAY WITH NUTRITIOUS FOOD

Many reasons are often given for skipping a morning meal. However, this is the most important food of the day. It ensures quick energy to start the day and lasting energy to carry out morning activities.

It can be any combination of foods, either solid or liquid, that supplies the nutrients needed by our bodies.

People who do not start the day with nutritious food usually fall victim to hunger pangs around coffee break time and opt for nutritionally-poor snacks such as doughnuts. They may soon get into the habit of eating high-calorie snacks, a practice which can lead to being overweight. Children who do not start the day with nutritious food have poor listening skills and are unable to concentrate on their work for long periods of time.

Nutritionally adequate food has the staying power to prevent hunger until the next meal, thus discouraging midmorning snacks and lunchtime extras. A nutritious morning meal consists of food from at least three of the four food groups.

Ref.: Nutrition Communications, Kellogg Salada Canada Inc.

NON-NUTRITIOUS FOODS

Not all available foods can be classified into the four food groups. Such foods contain too few nutrients and/or too much sugar, salt and fat which can contribute to poor health. Other than providing energy (calories or joules), these foods have very few nutrients to help our bodies grow and be healthy.

The following two types of food do not belong in any group of the N.W.T. Food Guide:

1. Foods with very few nutrients, e.g., ordinary and diet soft drinks and gum, which are usually fabricated, i.e., they do not come directly from nature and often contain unnecessary additives; these foods do little to build a strong body;

2. Foods such as potato chips, processed meats and chocolate bars which suffer nutritionally because processing removes many useful nutrients and leaves only those nutrients, e.g. sugar, fat and salt, which can be unhealthy when consumed in excess; they do little to build or maintain a strong body, and often contribute to tooth decay, obesity or high blood pressure.

The following foods in particular are often considered healthy when in fact they contain large amounts of sugar, fat or salt. They do not belong to any food group:

— whipping cream, cereal cream and sour cream, although they are dairy products, they do not belong to the Milk Group because they contain very little calcium or protein and are high in fat;
— non-dairy beverage whiteners, e.g., Coffeemate, even though they look like milk in coffee and tea, do not belong to the Milk Group because they contain no milk, but mostly sugar and oils;
— canned meats, e.g., Klik, Spam, bologna, side bacon and wieners do not belong to the Meat Group because they contain very little protein and Iron and are high in salt and fat;
— fruit drinks, fruit pop, Fruit Roll-ups, fruit jam, jelly and Jello do not belong to the Fruits and Vegetables Group because they are all high in sugar and contain very few vitamins;
— doughnuts, sweet buns, cookies and cakes have all the nutrients of the flour or cereal used in their baking, h owever they also contain extra fat and sugar. Sweetened cereals are sometimes enriched, and therefore contain nutrients, however they have a high sugar content.

These foods are sometimes referred to as "extras". The N.W.T. School Health Program has avoided use of this term and instead labelled them as foods which do not belong to any food group.

SNACKS

In the N.W.T. School Health Program "snacks" refer to foods eaten between main meals. They may be either nutritious (belonging to one of the four food groups) or non-nutritious (not belonging to a food group), depending on the food eaten.

Snacking habits vary greatly among families and cultures. In some families food may be more or less continuously available for eating between meals. In others, eating between meals may be discouraged. The teacher should be sensitive to this and try to determine what snacking habits his/her students have.

It is important, however, that all snacks are nutritious and are included as part of the recommended daily servings.

IMPACT OF SNACKING ON NUTRITIOUS MEALS

Nutritious meals are defined as those where there is at least one serving from each of the four food groups. The exception is breakfast which requires servings from only three food groups.

This concept of nutritious meals is based on the practice of very little snacking. If, in fact, students snack a lot (on nutritious foods) then they would not eat servings from each food group at each meal. Students should look at their daily food intake to determine if they are eating nutritiously recommended daily servings.

Milk and milk substitutes - 4 servings
Meat, fish, birds and eggs - 2 servings
Bannock, bread and cereal - 3 - 5 servings
Fruit and vegetables - 4 - 5 servings

Again, it is important to emphasize the need for nutritious food to start the day.

SNACK GUIDE

Food Group	Eat Anytime!	Eat Only With Meals and Brush Teeth Afterwards	Don't Snack on Regularly	Avoid These Snacks!
Milk and milk substitutes (Blue Group)	Plain milk, plain yogurt, cheese, soft ends of bones, soft fish bones	Milk puddings,ice cream, milkshakes, sweetened yogurt, strawberry milk, chocolate milk		
Meat, fish, birds and eggs (Red Group)	Country meats, store meats, dried meat, fish, wild birds, fish eggs, nuts and seeds, hardcooked eggs, peanut butter			
Fruits and vegetables (Green Group)	Raw berries, fruits, vegetables, salads, vegetable soup, seaweed, unsweetened fruit and vegetable juice, animal stomach contents	Raisins, dried fruit, sweetened fruit, sweetened fruit juice, unsweetened fruit leather		
Bannock, bread and cereal (Orange Group)	Bannock, enriched and whole grain breads and muffins, crackers, unsweetened cereals, plain popcorn	Granola bars, homemade; low sugar, granola, whole grain cookies		Presweetened cereal
Other foods (foods in more than one group and foods not in the Food Guide)	Pizza, clear soups, sandwiches (meat, cheese, eggs or peanut butter) hamburgers		Pretzels, buttered/ salted popcorn, potato chips, cheesies, sugar-free soft drinks, sugar-free gum	Regular soft drinks (pop), honey, jam, jellies, chocolate bars, cookies, candies, regular gum, breath mints, popsicles, sweet buns, doughnuts. "Drink' crystals (Tang), fruit roll-ups

A VARIETY OF HEALTHY SNACK FOODS

FRUITS AND VEGETABLES

Unsweetened fruit or vegetable juice (the word "juice" must be on the label); raw fruit and vegetable pieces; canned fruits that are unsweetened or packed in their own juices; fruit juice popsicles; wild berries; wild vegetables.

MILK AND MILK PRODUCTS

Homo milk, evaporated, UHT; 2% of skim milk, or reconstituted skim milk powder or a combination; low fat cheese; cheese or cottage cheese; plain yogurt; plain yogurt with fresh fruit or juice added; soft ends of bones to chew on.

BREAD AND CEREALS

Bannock; crackers, pilot biscuits, etc.; unsweetened dried cereals; cooked cereals; whole wheat bread or toast; enriched white bread or toast; fruit or whole grain muffins or loaf; homemade cookies — oatmeal, peanut butter.

MEAT AND ALTERNATIVES

Wild game — raw, fresh, frozen, cooked or smoked; fish — canned, fried, frozen or smoked; hard cooked egg; peanut butter; nuts and seeds — sunflower and pumpkin; cheese; meat — sliced, cold, cooked, canned, dried, smoked.

JUICE
NO SUGAR ADDED

COMBINATION SNACKS

Bannock with peanut butter, cheese, berries, raisins, etc.; celery sticks with peanut butter or cheese; mini pizza (English muffin or roll with tomato or spaghetti sauce and cheese); peanut butter on toast or bread; cheese on toast or bread; cheese and crackers; cheese and fruit; raw fruits or vegetables with a yogurt dip; cereal with milk and fruit.

Snacks can be served with unsweetened fruit juice or milk as a beverage. To quench thirst, water is the best!

Material for Teacher Background Information is adapted from: N.W.T. Food Guide (Teaching Guide): Regional Nutritionist, Medical Services Branch, N.W.T. Region; Nutrition Month Kits (1985 - 1988): Nutrition Liaison Committee of the N.W.T., Medical Services Branch, N.W.T. Region.

GRADE THREE

DENTAL HEALTH

DENTAL HEALTH

GRADE 3 **LESSON: 1** **THEME: STRUCTURE AND FUNCTION**

CONCEPT: TEETH HAVE MANY FUNCTIONS

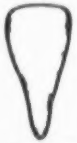
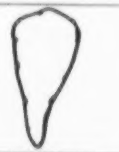
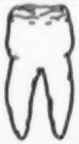
PREPARATION:

1. Several mirrors
2. A copy of the three different kinds of teeth (Activity Sheets D21A, 21B and 21C)
3. Prepare a class set of the 'Different Kinds of Teeth' worksheet (Activity Sheet D22A)
4. Prepare several copies of 'What Do My Teeth Do?' (Activity Sheet D23)
5. Prepare a class set of the 'My Teeth' crossword puzzle (Activity Sheet D24A)
6. Prior to the lesson, invite an elder to the class to discuss and demonstrate functions of the teeth in a traditional lifestyle

VOCABULARY: incisor, cuspid, molar

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) identify specific tooth groups and their locations	Students: 1. Examine their own teeth and note the three different kinds of teeth and where they are located	Background Information: Page D56 to D63 Refer to Activity Sheets D21A, 21B and 21C. Have students look in mirrors and find three kinds of teeth and their locations. Show students the teeth models and introduce them to the names. Point to where each kind is found in the mouth. It is not important for students to remember the names.
	2. Complete the 'Different Kinds of Teeth' worksheet.	Refer to Activity Sheet D22A. Refer to Activity Sheet D22B for answers.

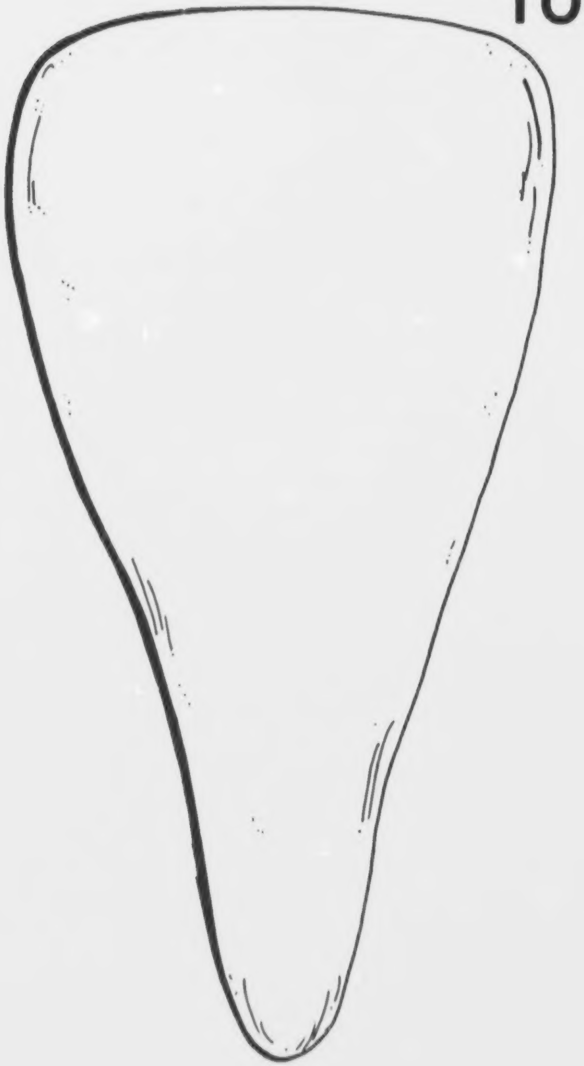
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Have students colour each kind of tooth a different colour e.g., incisors — red cuspids — blue molars — green
ii) identify the function of each tooth group	3. Describe each tooth group according to shape, size, location and function.	Have students brainstorm words to describe each tooth group in relation to shape, size, location and function. Record student responses on an experience chart as illustrated.

tooth	**what does it look like?**	**where is it?**	**what does it do?**
	· flat on top · thin	· front · top · bottom	· cuts · bites · tears
	· sharp · grooved	· side · top · bottom	· tears
	· big · grooved · flat	· back · top · bottom	· crushes · chops up · chews

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	4. Match each tooth group with its function.	Refer to Activity Sheet D23. Give half of the students one of the tooth models. Give the other half one of the function cards. Ensure that you distribute an equal number of tooth models and their functions. Students have to find their partner i.e., match the tooth model with its function.
	5. Complete the crossword puzzle, 'My Teeth'.	Refer to Activity Sheet D24A. Refer to Activity Sheet D24B for answers.
	6. Describe the general functions of the teeth.	Teeth are important for: - talking (proper pronunciation) - eating - the way we look
	7. Listen to an elder tell how teeth are used in a traditional lifestyle.	Prior to the lesson, invite an elder in the community to class to discuss use of teeth in a traditional lifestyle. Examples include: - softening skins for clothing - holding fishing lines
	8. Observe a demonstration of chewing skin.	Have an elder demonstrate one of the examples which s/he has discussed with the class e.g., chewing skin.

TOOTH MODEL

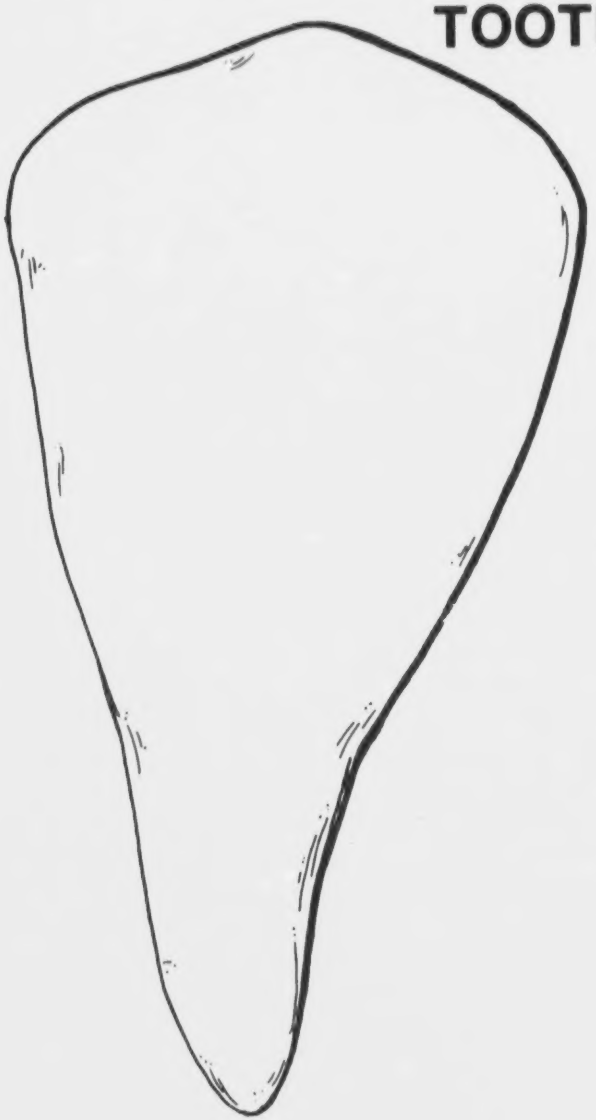
D21A



incisor

TOOTH MODEL

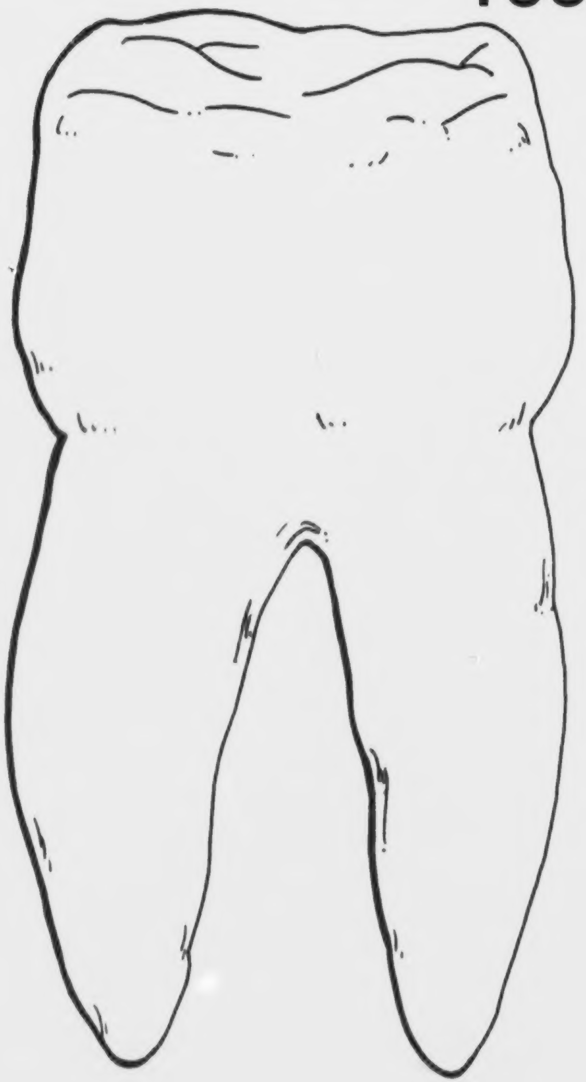
D21B



cuspid

TOOTH MODEL

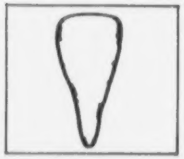
D21C

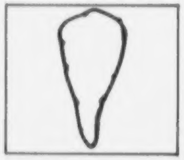


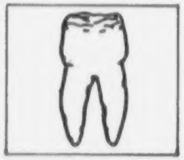
molar

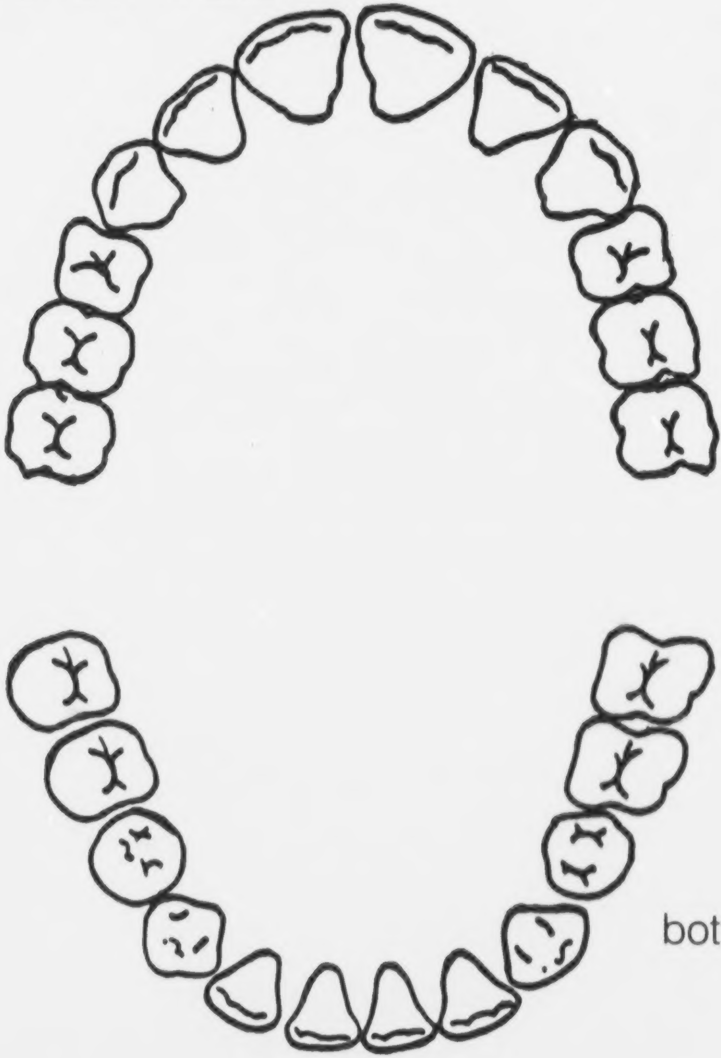
DIFFERENT KINDS OF TEETH

D22A

Colour incisors  red.

Colour cuspids  blue.

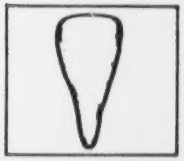
Colour molars  green.

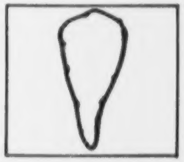


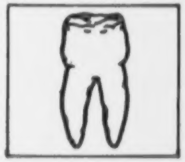
DIFFERENT KINDS OF TEETH

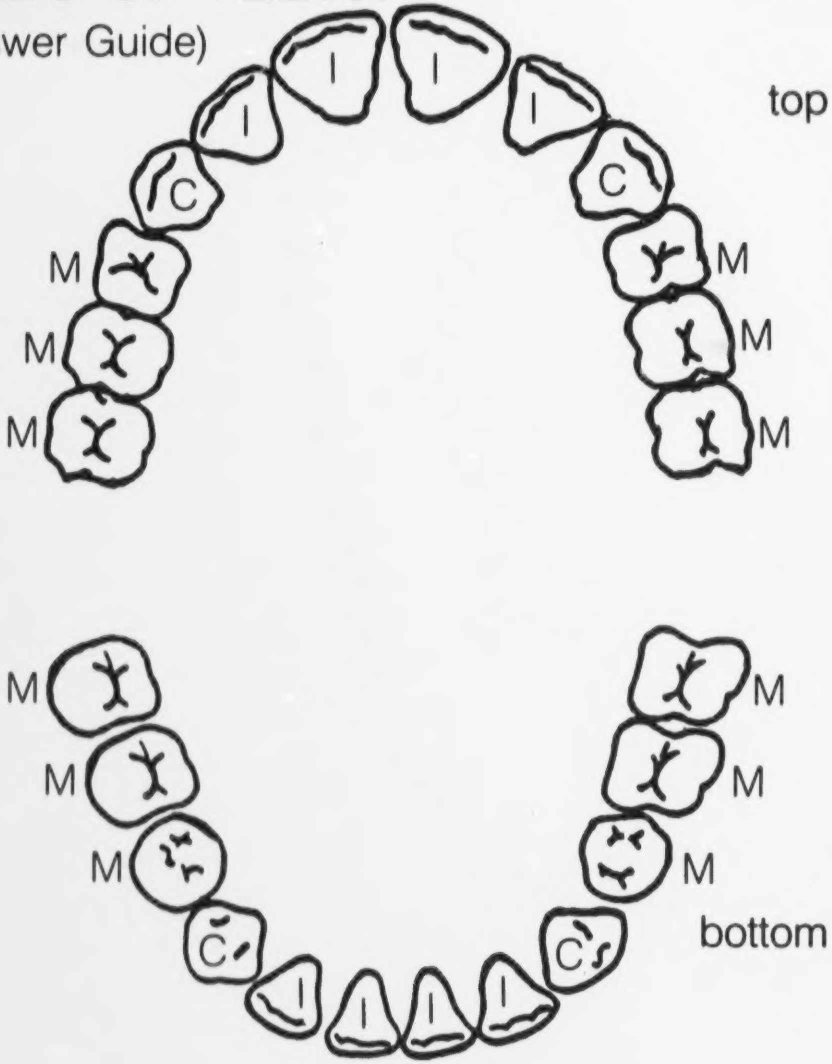
D22B

(Teacher Answer Guide)

Colour incisors  red. (I)

Colour cuspids  blue. (C)

Colour molars  green. (M)


top
I
I
I
I
C
C
M
M
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M
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C
C
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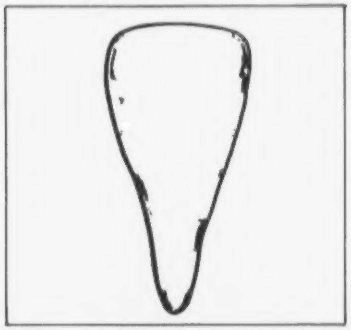
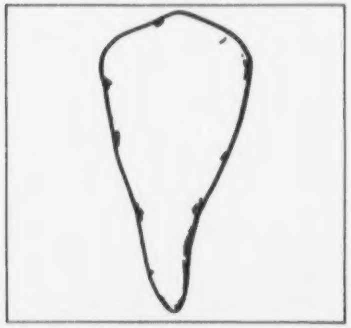
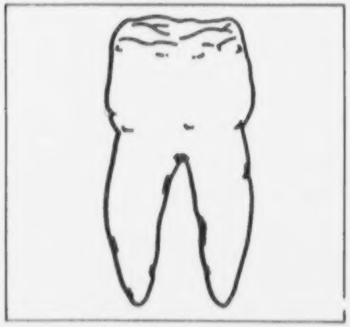
I
bottom

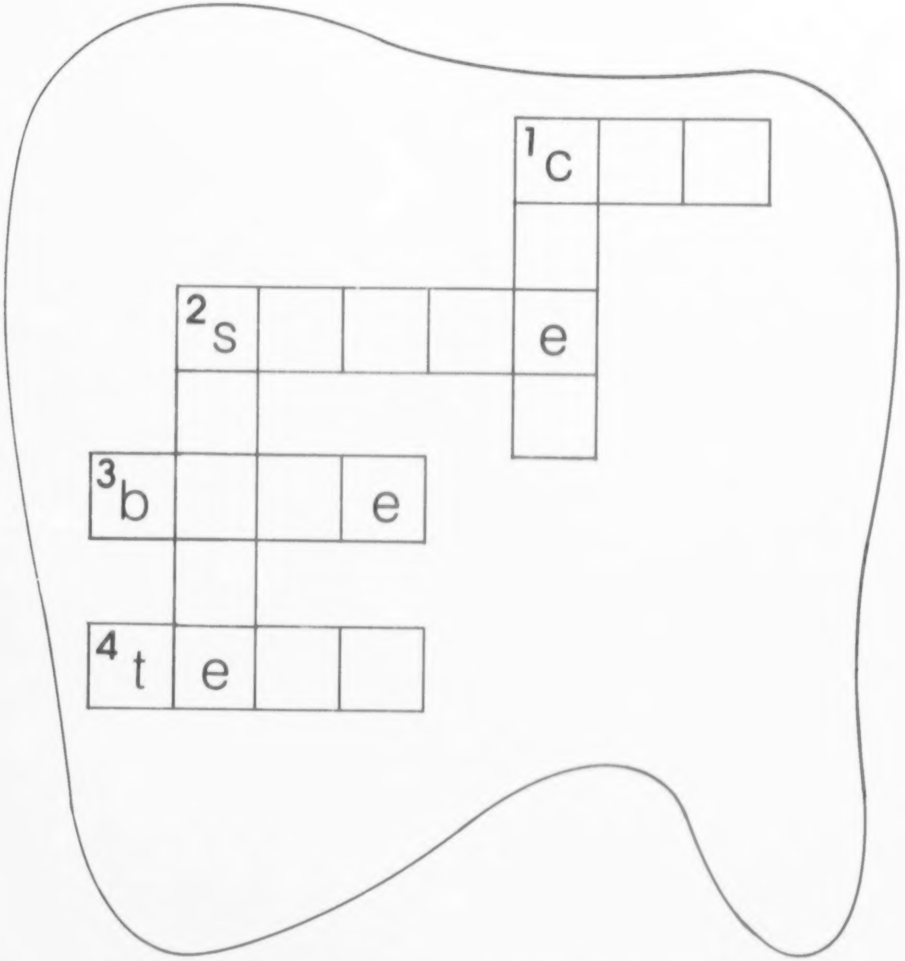
WHAT DO MY TEETH DO?

D23

	cuts, bites, tears
	tears
	crushes, chops up, chews

MY TEETH

D24A



Across

1. my front teeth do what scissors do
2. what you have in your mouth when your tooth falls out
3. my front teeth do this
4. my side teeth do this

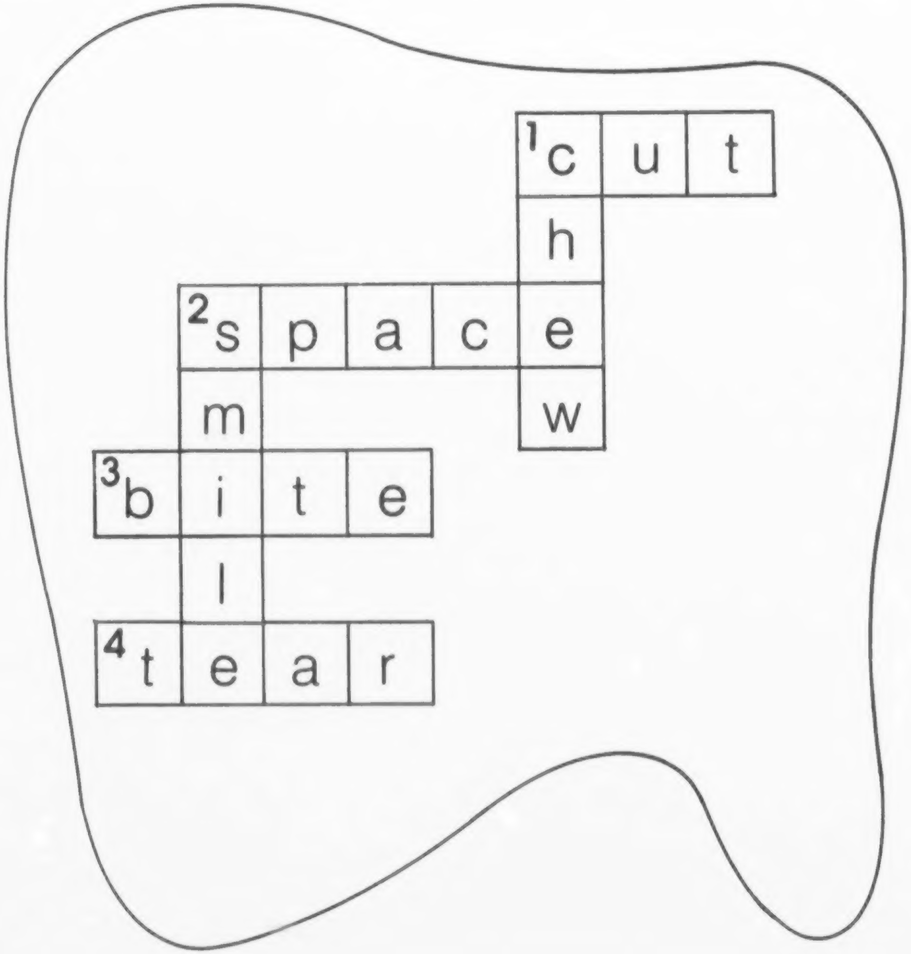
Down

1. my back teeth do this
2. when you're happy, you do this

D24B

MY TEETH

(Teacher Answer Guide)


1 cut
chew
2 space
smile
3 bite
4 tear

DENTAL HEALTH

GRADE 3 | **LESSON: 2** | **THEME: ORAL HYGIENE**

CONCEPT: REGULAR USE OF ORAL HYGIENE SKILLS PROMOTES DENTAL HEALTH

PREPARATION:

1. Enough floss for all the students in the class
2. Enough toothbrushes and toothpaste for all the students in the class
3. A large dentiform model
4. Prepare a class set of the 'Caring For My Teeth' worksheet (Activity Sheet D25)

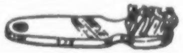
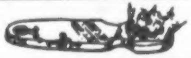
VOCABULARY:

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page D39 to D46 Teeth need to be thoroughly flossed and brushed once a day.
i) demonstrate effective toothbrushing and flossing skills	1. Observe a demonstration of effective flossing skills.	Demonstrate effective flossing skills, using a large dentiform model and floss. (If a dental therapist is available in the community, invite the therapist to give the demonstration.)
	2. Demonstrate effective flossing skills.	Have students take turns demonstrating effective flossing skills on the dentiform model.
	3. Observe a demonstration of effective toothbrushing skills.	Review with students effective toothbrushing skills.
	4. Demonstrate effective toothbrushing skills.	Have students take turns demonstrating effective toothbrushing skills.

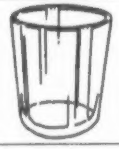
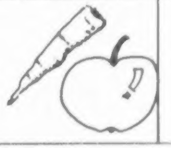
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	5. Explain when to floss and brush.	Floss before brushing to remove food debris from between the teeth so that it can be brushed away. Many people floss and brush after eating and before bedtime.
	6. Discuss ways to clean the teeth if unable to brush and floss.	If unable to brush the teeth after eating, people can - rinse the mouth with water - eat crispy foods such as apple, celery, raw carrot, raw turnip, raw cabbage
ii) practise effective toothbrushing and flossing skills	7. Keep a record of dental health behaviours for one week.	Refer to Activity Sheet D25. Have students practise daily flossing, brushing, rinsing and eating of crunchy food at home for one week. Students should keep a record of their dental health behaviours. Have the students bring the sheet back at the end of the week. Discuss.
	8. Practise daily flossing and brushing skills at school.	Teachers are encouraged to have a flossing and brushing program at school throughout the year. Teachers can use weekly/monthly dental charts to record student dental behaviours. Teachers are encouraged to participate with the students.

CARING FOR MY TEETH

D25

I have a(n) good  / old  toothbrush.

Now draw a picture in the box each time you floss, brush, rinse or eat a crunchy food to help keep your teeth clean.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Brush							
Floss							
Rinse 							
Eat crunchy food 							

I brushed my teeth ___ times ___ times ___ times ___ times ___ times ___ times ___ times
I flossed my teeth ___ times ___ times ___ times ___ times ___ times ___ times ___ times
I rinsed my mouth ___ times ___ times ___ times ___ times ___ times ___ times ___ times
I ate crunchy food ___ times ___ times ___ times ___ times ___ times ___ times ___ times

DENTAL HEALTH

GRADE 3 **LESSON: 3** **THEME: DENTAL DISEASE**

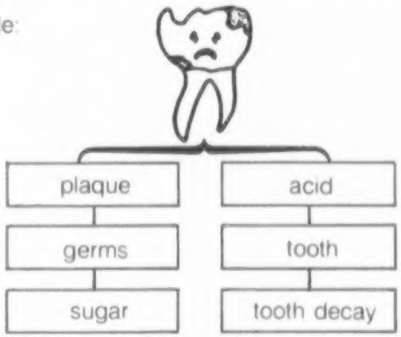
CONCEPT: MANY FACTORS CONTRIBUTE TO DENTAL DISEASE

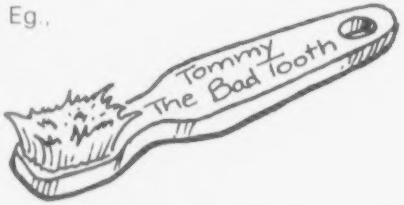
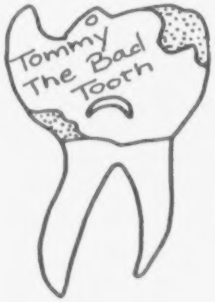
PREPARATION:

1. Enough disclosing tablets and floss for all the students
2. Prepare a class set of the 'Where We Find Plaque' worksheet (Activity Sheet D26A)
3. Samples of acidic foods e.g., dill pickles, unripe berries
4. Make an enlarged drawing of the 'Tooth Decay' diagram (Activity Sheet D26B)
5. A copy of 'Bertha's Story' (Activity Sheet D27)
6. Materials for the 'Tommy - The Bad Tooth' story

VOCABULARY: plaque, grooves, germs, acid, tooth decay

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) identify the location of plaque in the mouth	Students: 1. Chew a disclosing tablet and observe the location of plaque in their mouths.	Background Information: Page D39 to D46 Distribute disclosing tablets to the students and observe where plaque occurs in their mouths. You find plaque on your teeth between your teeth near your gums in the grooves

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. Describe how plaque is formed.	Plaque forms when germs come in contact with small pieces of food. People can sometimes feel plaque on their teeth. Run the tongue along the teeth. If it feels rough, that is plaque.
	3. Complete the 'Where We Find Plaque' worksheet.	Refer to Activity Sheet D26A.
	4. Scrape plaque from the teeth using dental floss and observe it.	Distribute dental floss to students. Have them floss their teeth to remove some plaque. Ask students to describe the plaque. Plaque is a white, sticky substance.
ii) explain how plaque contributes to tooth decay	5. Sample certain foods and describe the taste.	Have students sample acidic foods such as dill pickles, unripe berries, strong tea. They will taste **sour**. The sour taste is the acid in their mouth.
	6. Explain how tooth decay occurs.	Refer to Activity Sheet D26B. Ask students if they have ever had a bad tooth. Discuss. Make an enlarged drawing of the tooth decay sheet. Use it to explain how tooth decay occurs. (Most acids have corrosive warning signs on them, this may help students understand what an acid is and can do.)
	7. List the key words involved in tooth decay.	Key words include: 

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
iii) identify some factors that contribute to dental disease	8. Brainstorm factors that lead to dental disease.	Refer to Activity Sheet D27. Read 'Bertha's Story' to the students. Have them identify from the story factors that lead to dental disease. Some factors are: - dental injuries (broken teeth) - build-up of plaque - poor brushing and flossing - not brushing and flossing every day - lots of sugar - sticky foods - not having regular check-ups with the dental health worker
	9. Write a story about 'Tommy - The Bad Tooth'.	Read the story again, have students raise their hand every time Bertha does something which leads to dental disease. Discuss. Have students write a story about a rotten tooth. The story should include - that the tooth used to be healthy - what things helped to make it bad The book should be a 'shape' book. Eg.,   etc. Save books and some blank pages for the next lesson.

D26A

WHERE WE FIND PLAQUE

On each tooth, colour where you find plaque.

Finish each sentence.

We find plaque

on ______________________________

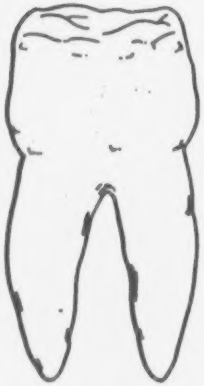
____

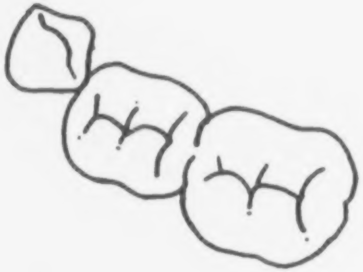
between __________________________

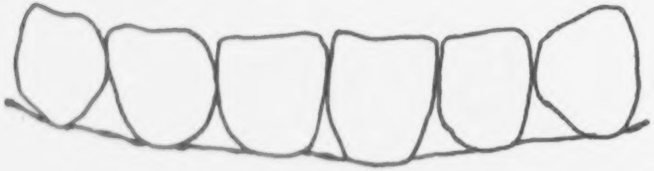
____

and

near ______________________________

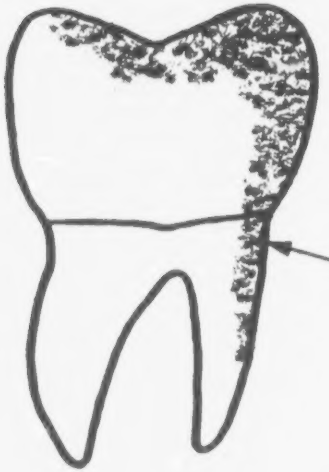




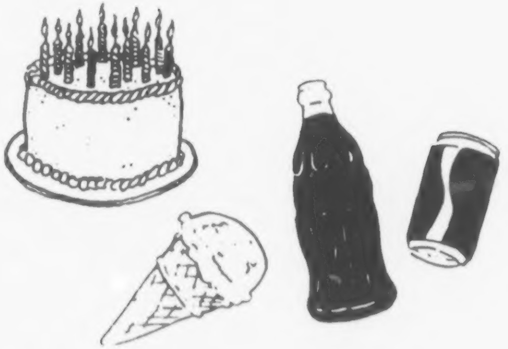


TOOTH DECAY

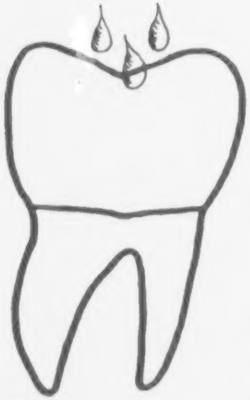
D26B



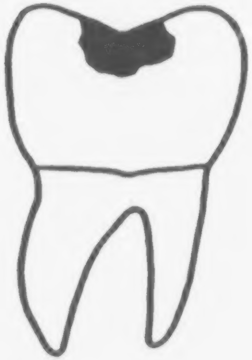
germs
in
plaque
+
sticky
sugar
foods



➔ acid



acid + tooth ➔



tooth decay

BERTHA'S STORY

Bertha is 8 years old. She does the same things as most 8 year olds. She plays with her friends, eats junk food, watches T.V. and leaves her things lying around the house. Last night, in the dark, Bertha tripped over her boots and fell flat on her face. She broke a tooth! The next day she went with her mother to the dental office. Janet, the dental worker, said "Oh, Bertha! You haven't been here for a long time. Let me look at your teeth. Mm! Your teeth are not very clean. When did you brush them?"

"Two days ago" whispered Bertha.

"When did you floss them?"

"I don't remember" said Bertha.

"You know," said Janet "it's very important to look after your teeth. If you look after them properly, you'll have good teeth for your whole life. If you don't, you'll have problems with them. The choice is yours!"

DENTAL HEALTH

GRADE 3 **LESSON: 4** **THEME: DENTAL SERVICES AND PRODUCTS**

CONCEPT: INDIVIDUALS AND DENTAL HEALTH WORKERS ARE IMPORTANT IN DENTAL HEALTH CARE

PREPARATION:
1. A copy of the book 'Ours For A Lifetime' - available in all schools or from the Otto Schaefer Resource Library, Yellowknife
2. Prior to the lesson, arrange for the class to visit the dental clinic or arrange for a dental health worker to visit the class

VOCABULARY: responsible

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page D39 to D46
i) identify ways to be personally responsible for dental health care	1. Brainstorm things they can do to help prevent dental disease	Refer to Bertha's story from the previous lesson. Ways to prevent dental disease include: - playing safely near dental hazards - removing plaque every day - brushing and flossing three times a day - brushing/flossing/rinsing after eating - not eating food with a lot of sugar or sticky food - having regular check-ups with the dental health worker
ii) explain the roles of community dental health workers	2. Listen to the story 'Ours For A Lifetime'	Read the story to the students. Discuss.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	3. Describe what the dental health worker in the story does.	Have students discuss the role of the dental health worker. Have students respond using the sentence pattern: The dental health worker looks at our teeth cleans our teeth polishes our teeth teaches us about dental health
	4. Visit a dental office or have a visit from a dental health worker.	Prior to the lesson, arrange for a visit to the dental clinic or ask the dental health worker to come to the class to describe the different tasks s/he performs.
	5. Finish the story 'Tommy - The Bad Tooth'.	Have students finish the story from the previous lesson by adding - what things Tommy's owner could have done to help keep him healthy for a lifetime - how the dental health worker could help Tommy

GRADE 3

TEACHER BACKGROUND INFORMATION

DENTAL HEALTH

DENTAL DECAY

The strange thing about dental decay is that it is so prevalent when so much is known about its causes and prevention.

There is no doubt that dental decay is a bacterial disease and is specifically related to the activity of dental or bacterial plaque which forms on teeth. If the teeth are thoroughly cleaned, this bacterial film or plaque will reform within 24-36 hours. The plaque progressively thickens if left undisturbed for several days, and in some areas of the mouth may become covered by food debris. Much of this food debris can be removed by rigorous mouth rinsing with water, but the plaque itself is only removed by brushing and flossing. The particularly damaging property of dental plaque is the ability of the bacteria to thrive on dietary sugar and to rapidly produce acids which can dissolve the tooth material.

It is apparent that diet is an important factor in decay. The typical Canadian diet is high in refined carbohydrates, and is highly conducive to dental decay. Sticky candies or confections which adhere to the teeth or hard candies which are kept in the mouth for long periods of time are particularly damaging since they provide sugar to the plaque, and hence destructive acids, for a prolonged period of time. It is the food remaining in the mouth that is important to plaque activity. Hence, regular and thorough removal of food and plaque could theoretically eliminate the decay-producing activity of the diet. In reality, it would be dangerous to rely completely on oral hygiene for the prevention of dental decay.

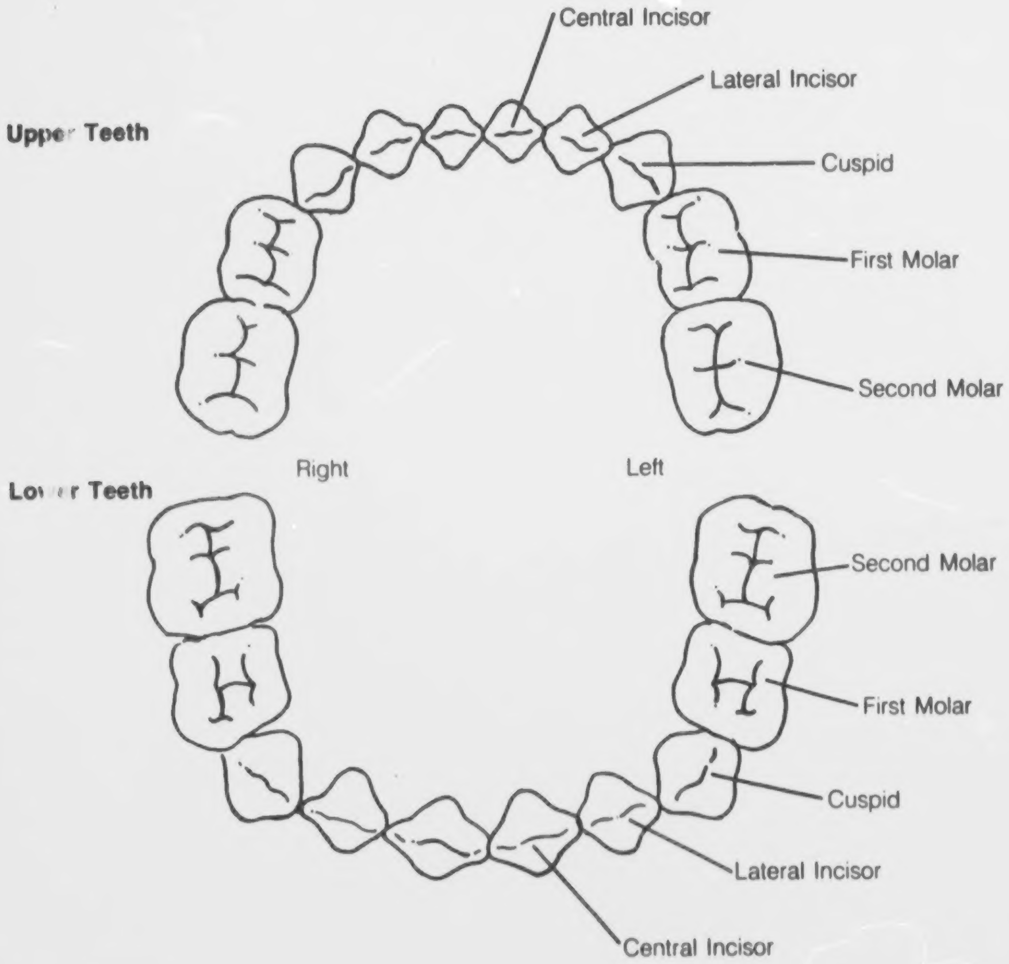
The role of heredity in dental disease is not well understood. Despite seemingly inherited bad gums or proneness to decay, personal neglect and poor quality dentistry are leading causes of poor teeth. Experience does indicate that some mouths are more prone to decay than others, but not because of so-called soft teeth. People who believe they have soft teeth often despair of their chances to keep their teeth. This despair is often associated with poor oral hygiene, dental neglect, faulty nutrition, or experience with poor-quality dentistry. With good home care, regular dental visits and the conscientious application of the principles of modern dentistry, most people should be able to enjoy a healthy mouth and retain their teeth for their lifetime.

Good oral hygiene (proper brushing after each meal and brushing and flossing prior to going to bed) is difficult enough for adults to establish; for children, it is doubly difficult. Not only do young children lack the dexterity to brush and floss their teeth properly, but the benefits of such skills would be considerably reduced in the typical young "continuous eater". Parents should not only assist their young children in the brushing technique and floss their children's teeth up to about age 8, but should strive to keep the snack habit to the minimum, particularly of foods and drinks containing sugar. In lunches or at snack time children should not be given hard or sticky treats such as lollipops or toffee having sugar that remains in the saliva for a long time.

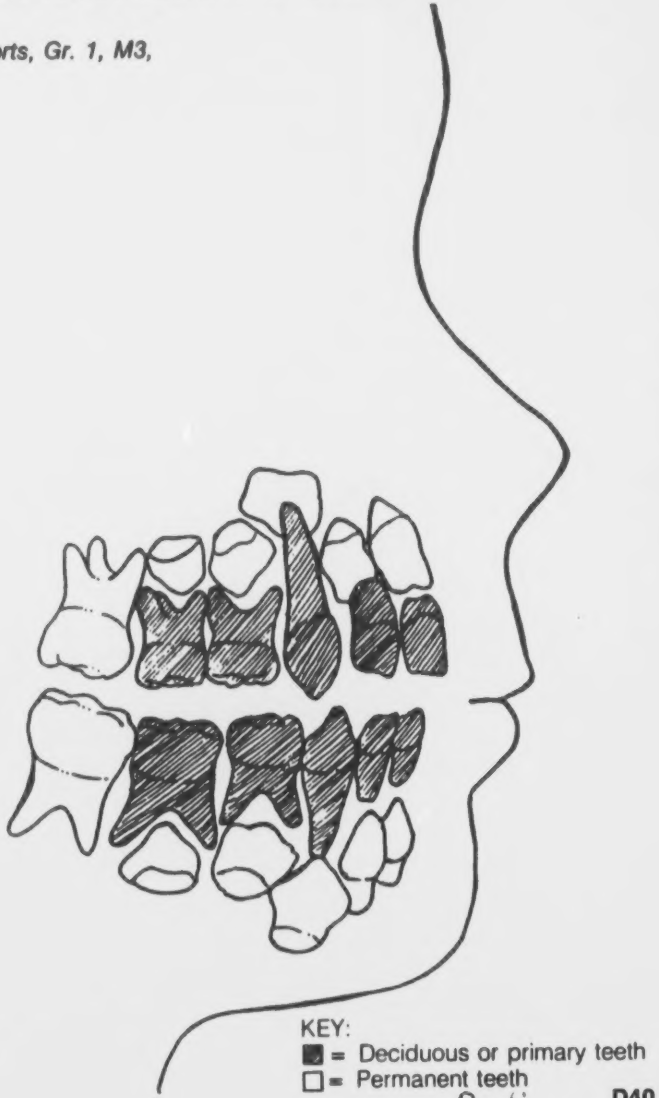
Adapted from 'Dental Health: A Teacher's Guide K-12,' Health and Welfare Canada

PRIMARY (BABY) TEETH

From Health Education, Dental Health Teaching Supports, Gr. 1, M3, Manitoba Education, 1986


Upper Teeth
Central Incisor
Lateral Incisor
Cuspid
First Molar
Second Molar
Right
Left
Lower Teeth
Second Molar
First Molar
Cuspid
Lateral Incisor
Central Incisor

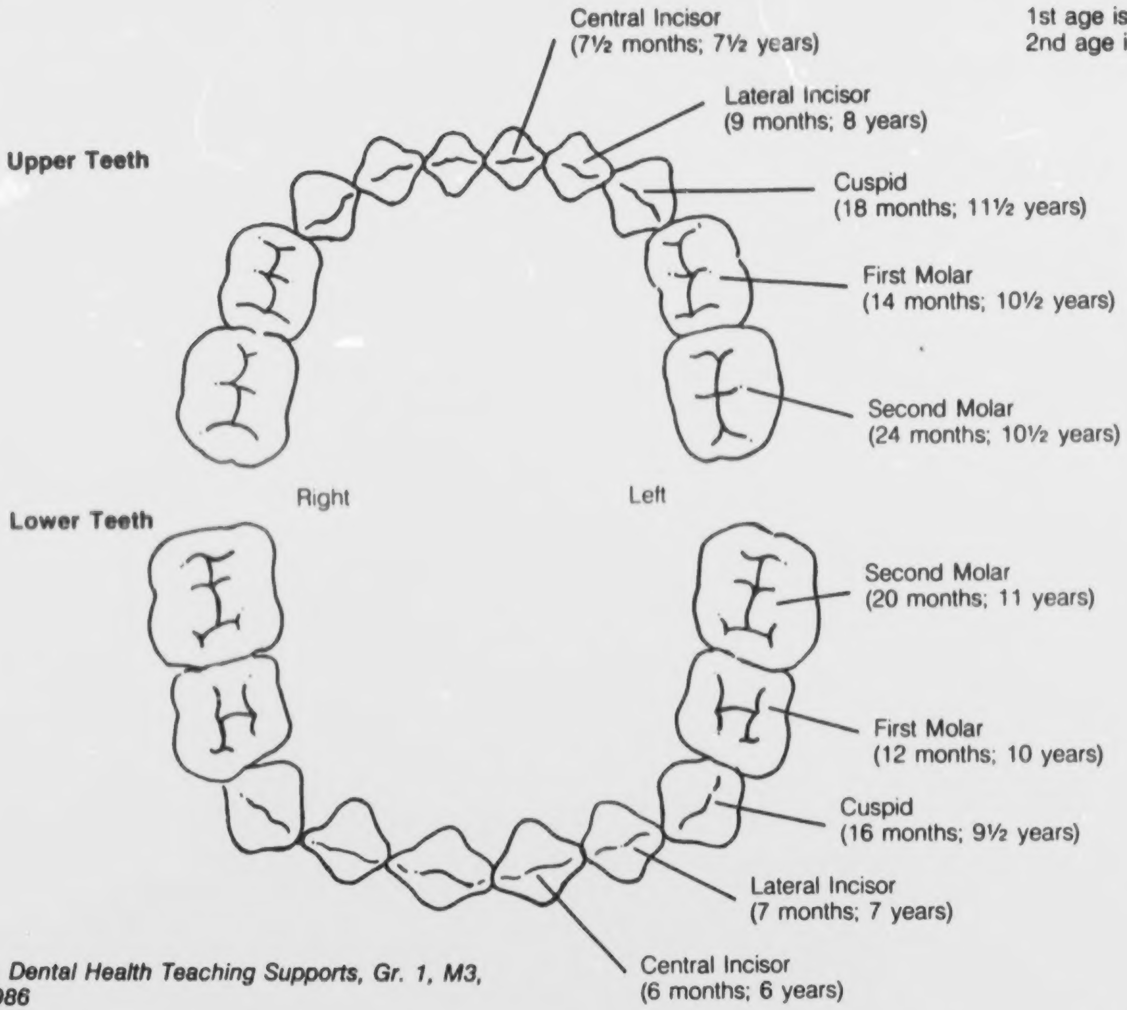
LOCATION OF TEETH AT 6 YEARS OF AGE


KEY:
▨ = Deciduous or primary teeth
☐ = Permanent teeth

AGE SCHEDULE FOR PRIMARY TEETH

PRIMARY (BABY) TEETH

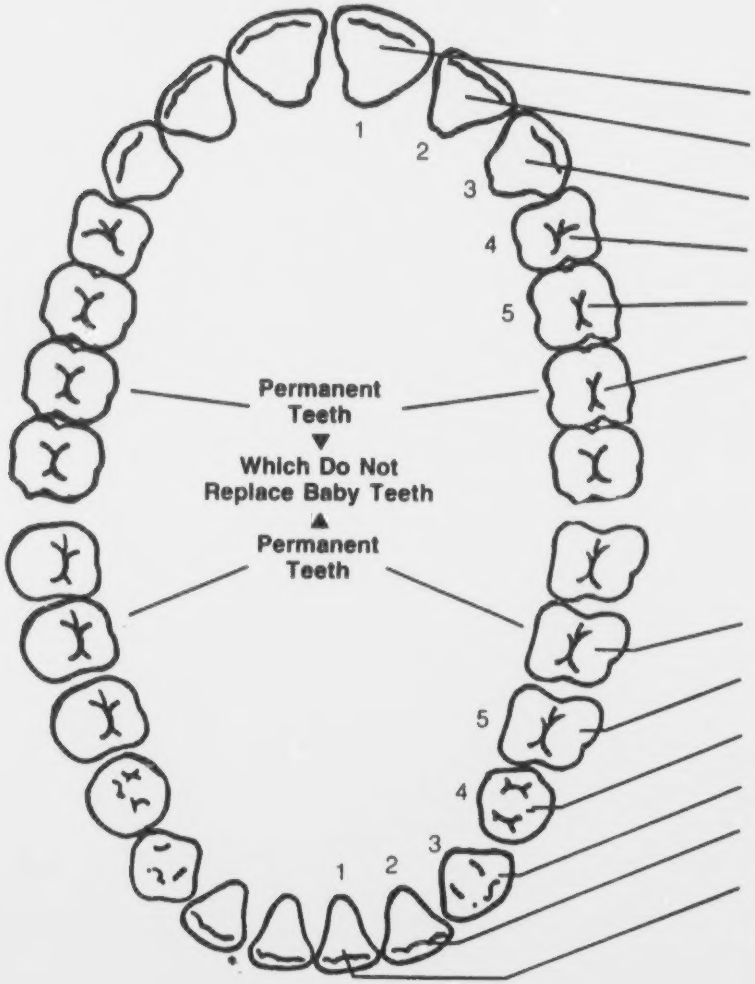
1st age is when tooth erupts (comes in)
2nd age is when tooth sheds (falls out)


Upper Teeth
Central Incisor
(7½ months; 7½ years)
Lateral Incisor
(9 months; 8 years)
Cuspid
(18 months; 11½ years)
First Molar
(14 months; 10½ years)
Second Molar
(24 months; 10½ years)
Right
Left
Lower Teeth
Second Molar
(20 months; 11 years)
First Molar
(12 months; 10 years)
Cuspid
(16 months; 9½ years)
Lateral Incisor
(7 months; 7 years)
Central Incisor
(6 months; 6 years)

From Health Education, Dental Health Teaching Supports, Gr. 1, M3, Manitoba Education, 1986

AGE SCHEDULE FOR PERMANENT TEETH

(Teeth numbered 1 to 5 replace baby teeth)


1
2
3
4
5
Permanent Teeth
Which Do Not Replace Baby Teeth
Permanent Teeth
5
4
3
2
1

Year That Teeth Come In

7-8 years (Central Incisor)
8-9 years (Lateral Incisor)
11-12 years (Cuspid)
10-11 years (First Premolar)
10-12 years (Second Premolar)
5-7 years (First Molar)
12-13 years (Second Molar)
17-21 years (Third Molar)
17-21 years (Third Molar)
11-13 years (Second Molar)
6-7 years (First Molar)
11-12 years (Second Premolar)
10-12 years (First Premolar)
9-10 years (Cuspid)
7-8 years (Lateral Incisor)
6-7 years (Central Incisor)

Note: Bicuspid is another term for premolar.

DENTALLY SAFE FOOD and DENTALLY UNSAFE FOOD

- unsweetened fruit juice
- unsweetened vegetable juice
- raw vegetables and salads
- raw fruits
- nuts, seeds
- cheese
- plain milk
- plain yogurt
- enriched, whole wheat bread and bannock
- whole grain cereals
- crackers
- bran muffin
- pizza
- popcorn
- meats

- raisins, dried fruits
- ice cream, milkshakes
- sweetened juice and canned fruits
- flavoured yogurt
- chocolate milk
- puddings
- popsicles/fudgsicles/revelos
- sugar lumps
- cake
- candy
- jam
- chocolate bars
- cookies
- jelly, jam, honey
- soft drinks (sweetened)
- fruit drinks
- sweetened powdered drink mixes
- gum
- lozenges

* Teeth should always be brushed after eating sticky food.

TOOTHBRUSHING - REMOVAL OF PLAQUE

How to Brush

Toothbrushing disrupts and removes plaque from the inner, outer and top surfaces of the teeth.

Place the toothbrush inside the mouth with the bristles along the upper last two teeth pointing at a 45º angle toward the gum line. This ensures that the bristles cover both teeth and gum surfaces.

Vibrate the brush in a slight back and forth or circular motion directing gentle pressure towards the gums. This movement keeps the brush alongside the same two teeth and allows some of the bristles to clean the surfaces under the edge of the gums. Do not scrub!

Count to ten and then, move to the next group of teeth.

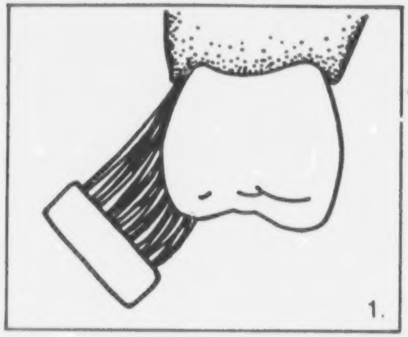
All inside and outside surfaces of teeth are cleaned in this way. The top surfaces of the back teeth are cleaned with a back and forth motion: the bristles directly on top of the teeth.

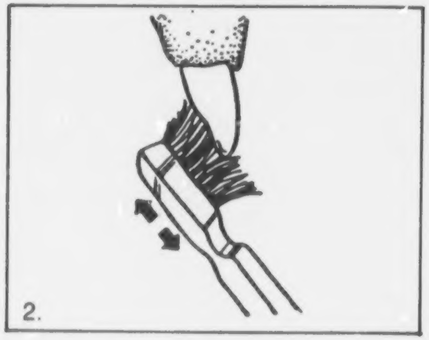
To ensure all surfaces are brushed, the same circuit is followed every time.

This is where toothbrushing should begin.

1. Position of brush for brushing upper inside back teeth.
2. Position of brush for brushing outside upper front teeth.
3. Position of brush for brushing lower inside back teeth.
4. Position of brush for brushing lower outside middle teeth.
5. Position of brush showing brushing of lower outside front teeth.
6. Position of brush showing brushing of top surface of back teeth.

From: CDA, "Do It Yourself Oral Hygiene", 1981


1.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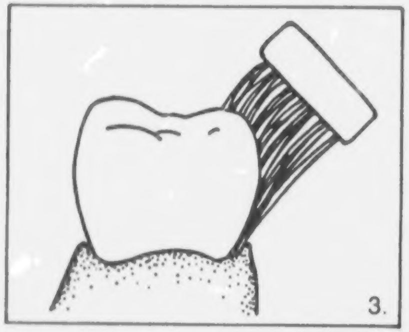
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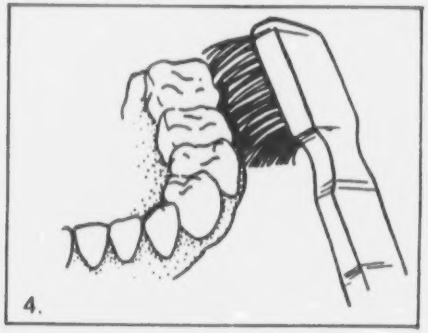
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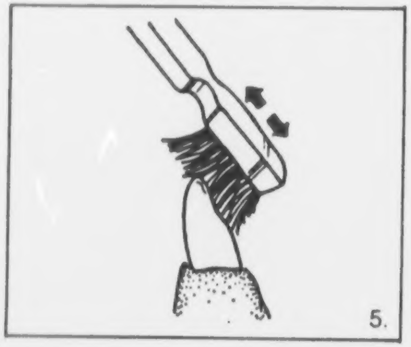
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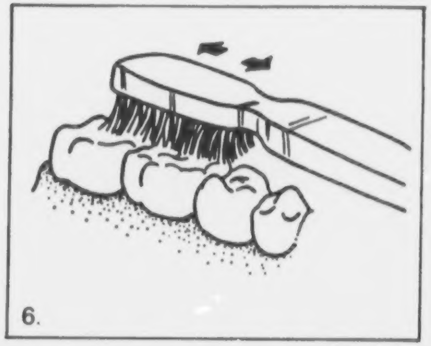

6.

A BASIC TECHNIQUE FOR DAILY PLAQUE REMOVAL

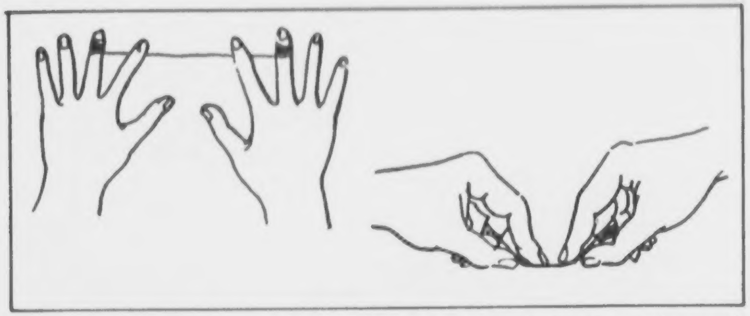
Flossing - Removal of Plaque

How to Floss

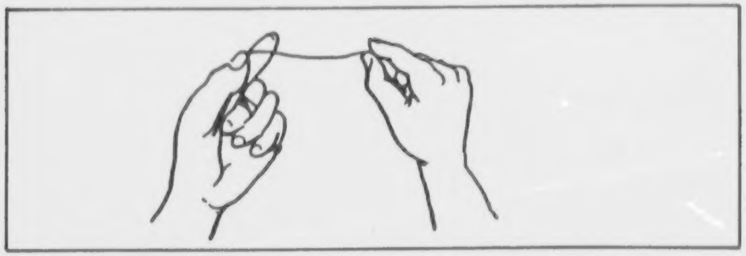
Flossing disrupts and removes plaque between the teeth and under the edges of the gums.

To floss properly, use about 46 cm of dental floss. Wind most of the floss around the middle finger of one hand and the rest around the middle finger of the other hand. This leaves about 8 cm free.

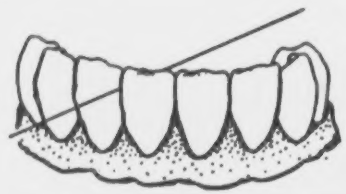
The free part of the floss is grasped with the thumbs and 1st fingers of each hand leaving about 2.5 cm as the 'working portion' of the floss.



When flossing lower teeth the floss is guided mainly by the 1st finger of each hand.



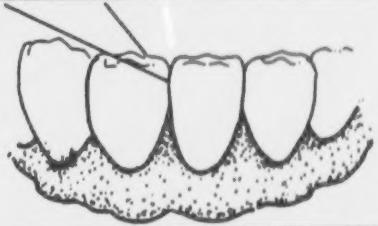
For upper teeth exert pressure with the thumb of one hand and the fore-finger of the other hand.



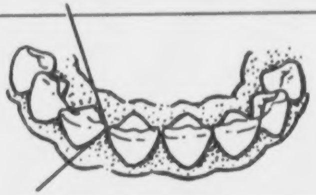
A gentle sawing motion is used to insert the floss between teeth. Curve the floss into a C-shape around the surface of one tooth and gently work the floss under the gums until a slight resistance is felt.

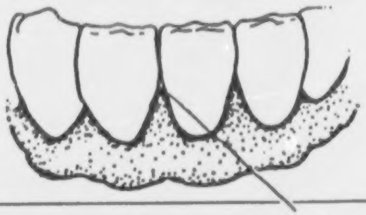
Holding the floss against the tooth in a C-shape, move the floss up and down several times.

Clearly shows the "c" shape that is necessary to attain.



(When all the plaque has been removed, the floss rubbing against the tooth often makes a 'squeaky-clean' sound.)





Repeat the procedure on the adjacent tooth surface at the same site.

This method is repeated on the remaining teeth starting on the upper right teeth and ending on the lower left teeth.

From CDA, "Do It Yourself Oral Hygiene", 1981

GRADE 3

FAMILY LIFE

THE FAMILY LIFE UNIT

INVOLVEMENT OF PARENTS

Parents are the primary educators of their children on family life education. Schools should play a supporting role to supplement parental education.

Generally, most parents support family life education in school. However, they may have a number of questions about the program before they will give that support. For that reason, it is vital for schools to involve parents in discussing the unit, before using the materials.

Parents must be given an opportunity to find out what will be taught in the lessons, to meet the teachers (and other resource people) who will be delivering the program, and to ask questions. This can be done most effectively by holding a parent information session.

This should include:

- the principal of the school
- teachers who will be teaching the lessons
- any resource people, such as the community health nurse, who might be involved with the lessons.

Most parents attending the meeting want to find out about the content, objectives and methods used in the unit. Basic information during the session should include:

- a brief outline of the program
- a sample of some of the activities in which students will participate
- sample handouts
- copies of any activities in which parents will participate during the evening
- translation of goals, etc., as necessary
- viewing of any films which may be used

It is important to emphasize that the purpose of the Family Life unit is to support, and not to replace, the parent or family role and responsibility. The parent information session is one important way for teachers to show that they want and welcome parental support, involvement and concern.

Parent meetings are often a good opportunity to initiate ongoing parenting groups. Parents may decide to meet regularly during the year to discuss topics related to Family Life or other health programs going on in the school. The G.N.W.T. Family Life Education Consultants may be able to assist in the development of parent groups.

Following the meeting, parents will be able to decide whether they want their children to be involved in the lessons.

PARENTS, WHO DO NOT WISH THEIR CHILD(REN) TO PARTICIPATE IN THE LESSONS, MAY INDICATE TO THE SCHOOL THAT THEY WILL BE WITHDRAWING THEIR CHILD(REN) FROM THIS PARTICULAR UNIT. PARENTS MUST MAKE THE FINAL DECISION.

Schools must make alternative arrangements for students who are withdrawn from these classes.

In order to withdraw their child(ren) from the classes, parents must sign a withdrawal form (see sample).

FAMILY LIFE CLASSES

NAME: ______________________________________.

GRADE: _____________________________________.

I do not wish ______________________________ to participate in the Family Life classes which will be offered by the school in the near future.

____
Parent/Guardian signature

____
Date

Because of the need to foster a positive classroom atmosphere, teachers need to take time to get to know their students before teaching the Family Life unit. For that reason, teachers should teach the Mental and Emotional Well-Being and the Growth and Development units first. Many of the skills which students will be developing in the Mental and Emotional Well-Being unit, such as decision-making skills, communication skills, relationship-building and coping skills, will assist in the development of an atmosphere conducive to effective family life education.

FAMILY LIFE

GRADE: 3 LESSON: 1 THEME: FAMILIES

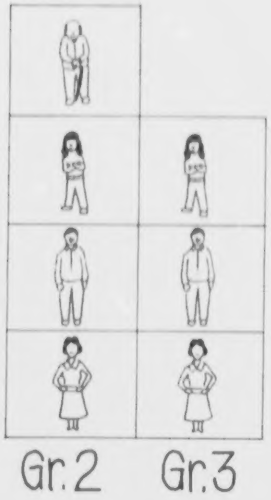
CONCEPT: THE FAMILY STRUCTURE CHANGES OVER TIME

PREPARATION:
1. "My Family's Always Changing" poem (Activity Sheet FL18A)
2. Flannelboard figures made from outlines (Activity Sheets FL18B, 18C, 18D)
3. Enough squares of paper so each student can draw each family member this year and last year for Student Activity 3

VOCABULARY: bigger, smaller, changes, changing

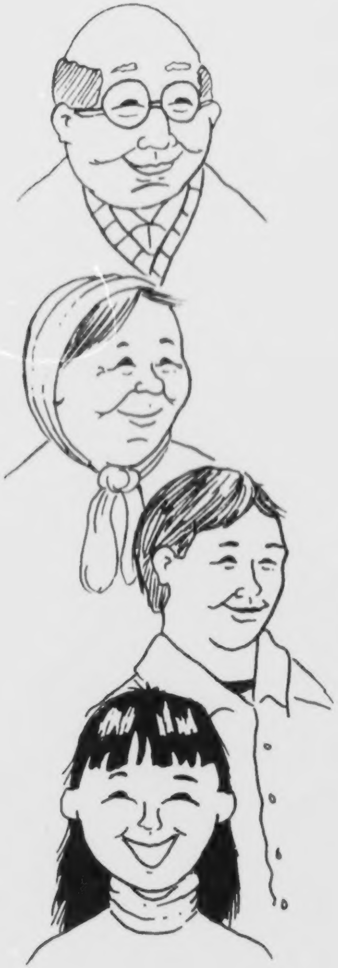
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	The next three lessons relate to Social Studies, Grade 1, Topic B: I Live With My Family. However, the Social Studies program outline does not include this concept so the material covered in this lesson may be new to students.
i) identify ways in which family size increases and decreases	1. Listen to the poem "My Family's Always Changing."	Refer to Activity Sheets FL18A,B,C,D. As you read the poem, use flannelboard figures to show the changes in the family. Ask the students about the changes for each verse. Use the sentence pattern: How did the family get bigger? smaller?

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Discuss ways in which family changes may occur. Include: - new baby - adoption - foster child - marriage - divorce - separation - moving away to school or for employment - death
	2. Identify ways in which their family has increased or decreased.	Ask each student to think about ways in which his/her own family has changed. Use the sentence pattern to ask individuals: How did your family get bigger? smaller? Students should respond, e.g., My family got (bigger) when (my Mum had a baby). Teachers should be aware that students may be sensitive about some family changes.
	3. Make a graph showing family changes.	Have each student draw each of his/her family members on a separate square of paper. Make the squares into a graph for each student showing how many people are in his/her family now. Have students repeat the procedure to show how many family members s/he had last year. Have each student identify if and how

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		their family changed using the sentence pattern: My family got (smaller) when (my grandfather died). 

FL18A

MY FAMILY'S ALWAYS CHANGING



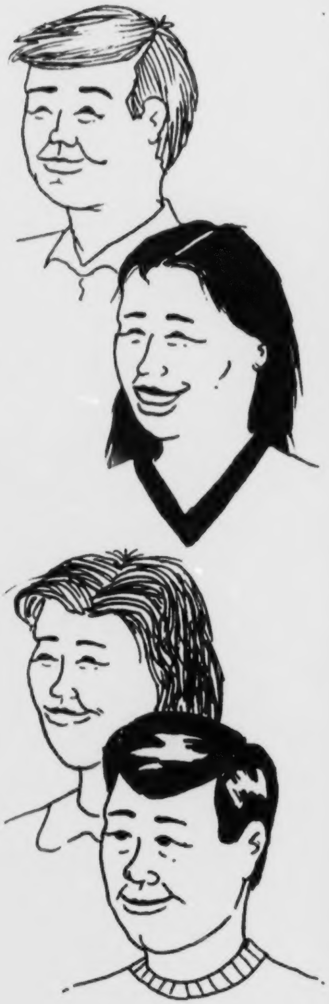
My sister got married last April;
We all had fun with each other.
Now my sister's got a new husband
And I've got a new big brother!

My mum had a baby in July;
The first time I saw her I kissed her.
Now my parents have got a new daughter
And I've got a new baby sister!

My grandmother died in November;
Our family was all very sad.
We know that our grandfather misses her,
So we all look after grandad!

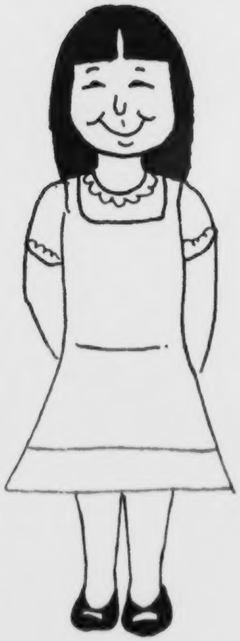
My brother has gone to the high school;
He's in Grade 10 now, you see.
That's one person less in our household -
It leaves my parents, my sister and me!

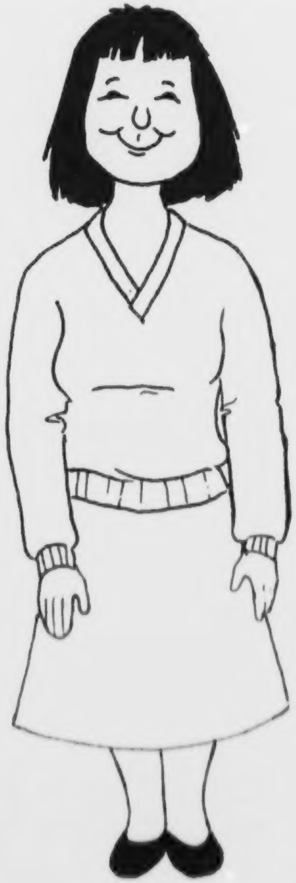
Adapted by: Helen Balanoff

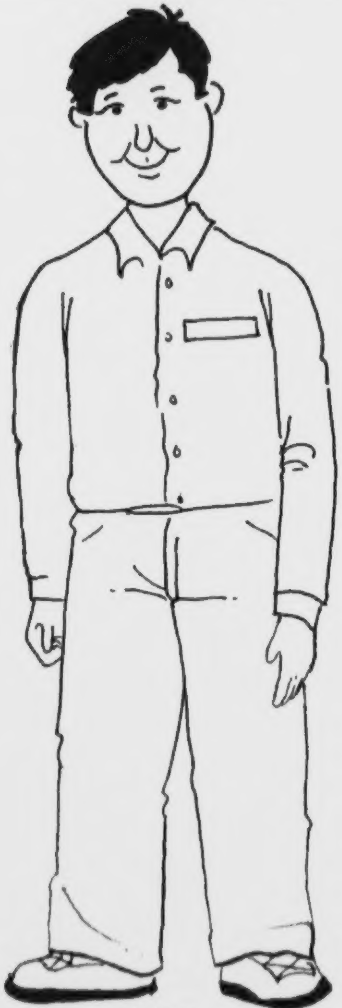


FL18B

FAMILY OUTLINES

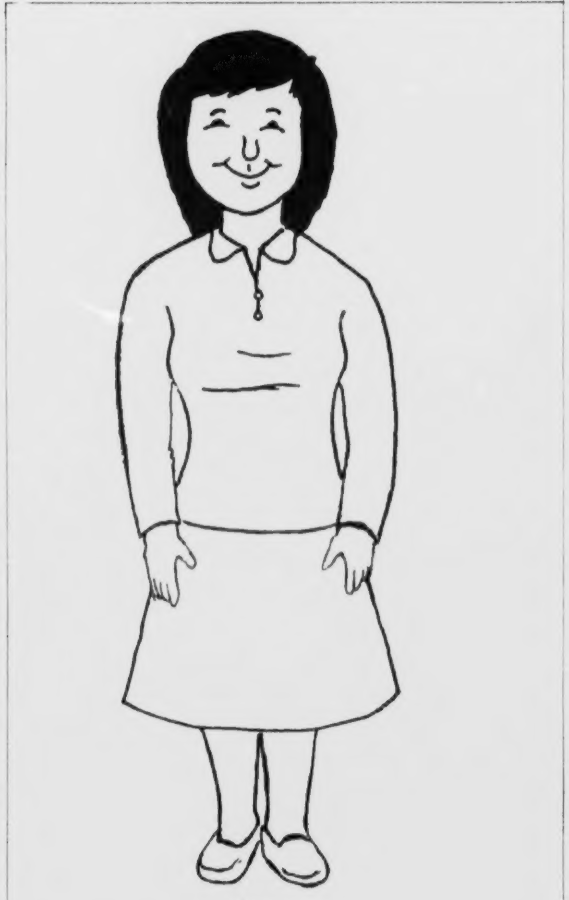

narrator


mother

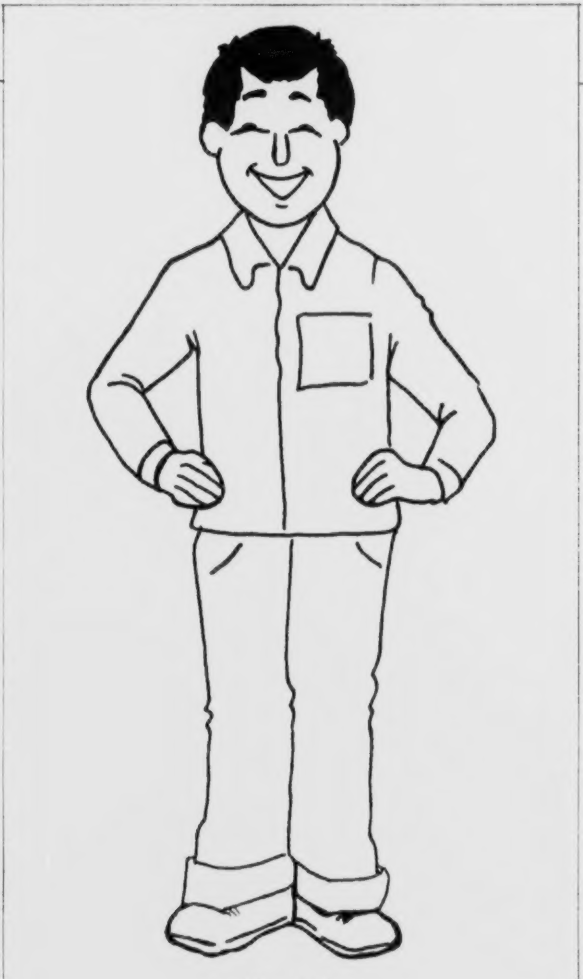

father

FL18C

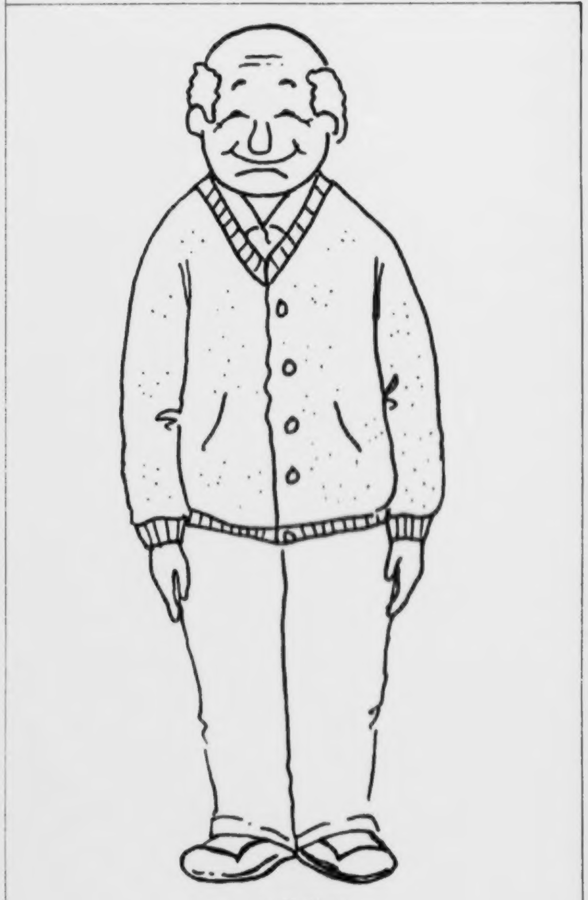
FAMILY OUTLINES



sister

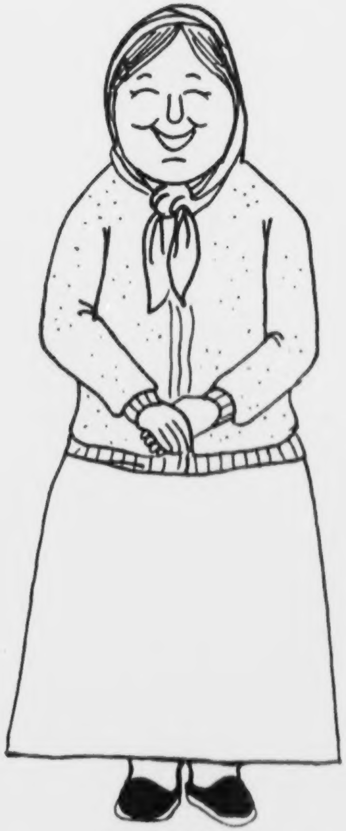


brother-in-law

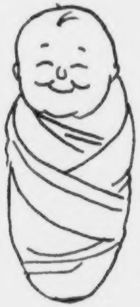


grandfather

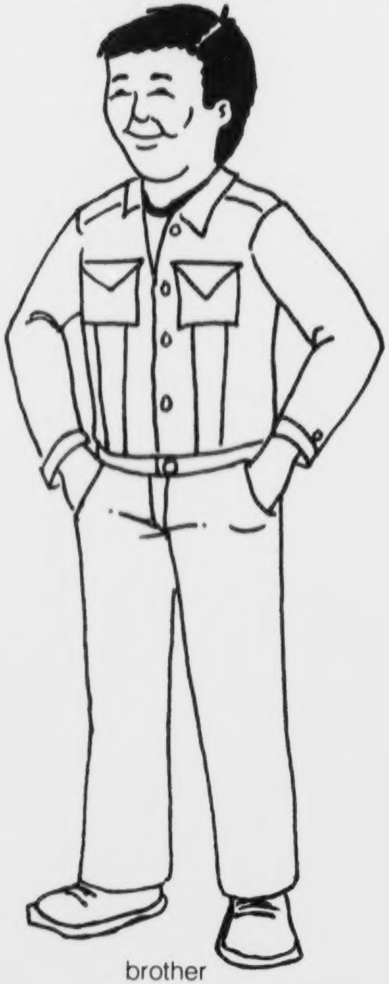
FAMILY OUTLINES



grandmother



baby



brother

FAMILY LIFE

GRADE: 3 LESSON: 2 THEME: FAMILIES

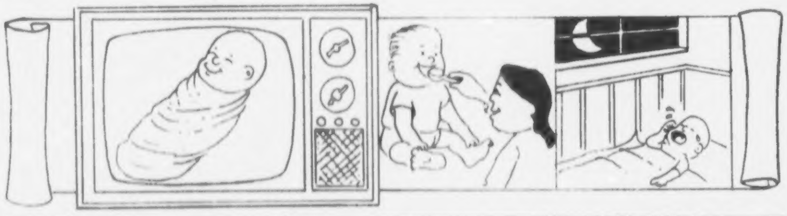
CONCEPT: THE ARRIVAL OF A NEW HOUSEHOLD MEMBER AFFECTS THE LIVES AND ROUTINES OF EVERYONE IN THE FAMILY

PREPARATION:
1. Doll
2. Pocket chart and happy/sad faces for Student Activity 1
3. Prepare a class set of "A Baby" poem (Activity Sheet FL19)
4. Materials for TV story

VOCABULARY: new, household

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) identify how the arrival of a new member in the household affects other members	1. Identify some of the ways in which the arrival of a new baby affects other family members.	Use a doll to introduce the discussion. Pretend the "baby" is crying. Pick the "baby" up, change the "baby," feed the "baby" and comfort it. Talk about some of the things that have to be done for the "baby". Ask students how the arrival of a new baby changes things in the family. Discuss: - how daily routines for family members change - how different people feel - etc.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Record student responses using a pocket chart and the sentence pattern as illustrated. When our baby came / it cried at night / and woke us all up it smiled at me / and made me happy Ask students to identify each change as a happy or sad one by putting a happy/sad face next to each sentence strip. Discuss how the baby's arrival affected the family by deciding if it was a happy or sad event.
	2. Read the poem "A Baby."	Refer to Activity Sheet FL19.
	3. Identify some of the ways in which the arrival of another new family member affects other members.	Identify other ways in which a family gets new members. These could include: - adoption - fostering - older person moving in - marriage (person moving in) Discuss how the arrival of these kinds of new family members affects other people in the family. Use the sentence pattern from Student Activity 1. Ways family members could be affected might include:

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		- sharing a room - having to be quiet - getting less attention - getting more attention
ii) describe their role in helping to accommodate the new member of the household	4. Describe ways in which they can help the new member feel at home.	Ask students what they can do to help make the new family member feel welcome. Record student responses using a pocket chart and the sentence pattern as illustrated. When my grandmother came | I helped by | showing her around the house Teachers should emphasize that it is natural to have feelings such as anger, jealousy, etc. By helping the new member, everyone fits into the family and has their own place.
	5. Make a T.V. story about new members in the household.	Divide the class into groups of two or three. Have each group pick one kind of new family member to illustrate for a T.V. story. Each group should prepare two or three drawings about the new family member and his/her effect on the family.  When our new baby came | I helped to feed her | She cried all night

A BABY

A baby lives in our house,
In our house, in our house.
A baby lives in our house,
All year round.
She cries,
And she laughs,
And she plays,
And she runs.
She knocks,
And she walks,
And she pulls my hair.
A baby lives in our house,
In our house, in our house,
A baby lives in our house,
All year round.

Source Unknown

FAMILY LIFE

GRADE: 3 LESSON: 3 THEME: FAMILIES

CONCEPT: SOME FAMILY MEMBERS REQUIRE SPECIAL CARE AND ATTENTION

PREPARATION:
1. Pictures of people who need special care, e.g., baby, old person, sick person, handicapped person
2. Pocket chart and sentence strips
3. Prior to the class invite a person with special needs to visit the class
4. Materials for making contracts for Student Activity 6

VOCABULARY: special, care, attention, promise

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) identify family members who require special care and attention	1. Make a list of some special care and attention which a new baby needs.	Using a picture of a baby, have the students brainstorm some of the special care and attention a baby needs. Record their responses as illustrated.

OBJECTIVES | STUDENT ACTIVITIES | TEACHER NOTES

Babies need special care

special food

a lot of sleep

to be held

because they are so small

2. Identify other family members who need special care and attention.

Use pictures to help students. Pictures might include:
- someone who is old
- someone in a wheelchair
- someone sick in bed
- someone who is blind,
- etc.

Ask students if there is anyone in their family who needs special care and attention. Record student responses using a pocket chart and the sentence pattern as illustrated.

My brother needs special care | because he is blind

My brother needs special books

OBJECTIVES

STUDENT ACTIVITIES

TEACHER NOTES

3. Identify the ways in which these family members need special care and attention.

Make an experience chart which describes the kind of care a special family member needs.

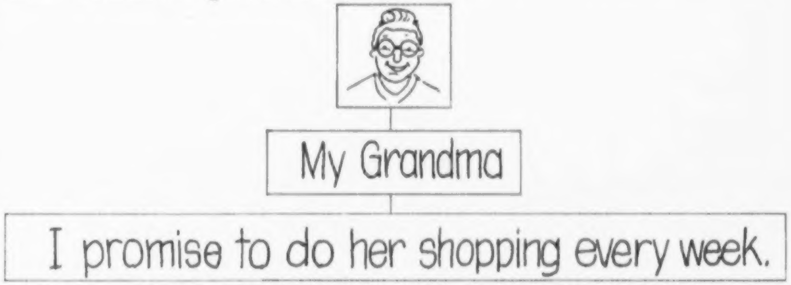
Special family member	Special Care
blind person	someone to read to them special books
older person	special food quiet someone to do jobs for them
handicapped person	special exercises someone to play games with special equipment e.g. wheel chair

Students may be able to name well-known people who require(d) special care and attention from their family members, e.g.,

- Rick Hansen/Terry Fox
- Helen Keller

Teachers should be careful to emphasize that, although some family members may require special care and attention for some things, there may be many other things the person can do for themselves.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
ii) describe ways in which family members provide special care and attention	4. Describe how other family members can provide special care and attention.	Have each student list one thing s/he can do to help provide special care. Record their responses on an experience chart using the sentence pattern: I can (read a book) to (my brother) who is blind.
	5. Invite someone who needs special care and attention into the class to talk about it.	The teacher will have to ensure that the students are well prepared for the visit and are respectful of individual differences. S/he will also have to select the visitor carefully.
iii) demonstrate ways to provide special care and attention to family members	6. As a class adopt a "special" person.	Have the class select someone in the community who needs special care and attention, e.g., an elder, and do something special for that person. Activities might include: - shovelling snow - going shopping - cleaning the house - baking some bannock

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	7. Make a contract to provide special care and attention for a family member and follow through with it.	Have students draw a picture of the person they chose. Make one sentence strip telling who the person is and one strip telling what the student promises to do.  My Grandma I promise to do her shopping every week. Hang the promise mobiles up in the class where everyone can see them. Review from time to time.

FAMILY LIFE

GRADE: 3 LESSON: 4 THEME: HUMAN DEVELOPMENT AND REPRODUCTION

CONCEPT: ALL LIVING THINGS REPRODUCE AND GROW

PREPARATION:
1. Overhead projector and transparencies (Activity Sheets FL20,21 22,23)
2. Prepare a class set of the Body Parts worksheet (Activity Sheet FL24)
3. The book "How Babies Are Made"

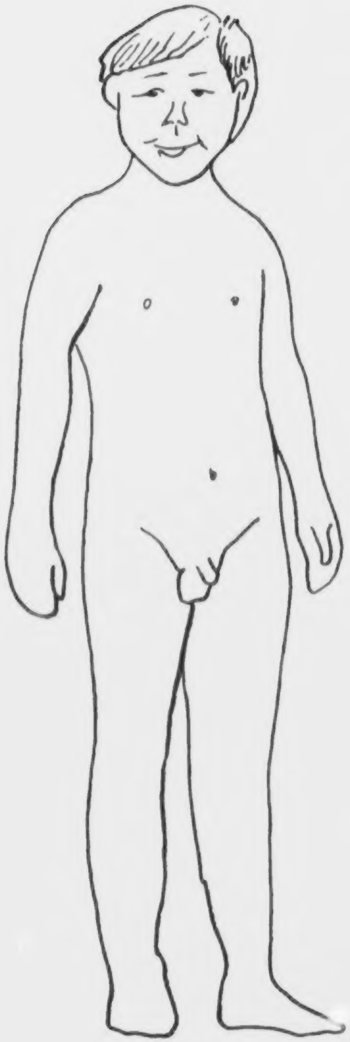
VOCABULARY: ovary, vagina, penis, testicles, sperm, uterus

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) name and locate body organs related to sperm and egg production	1. Review external body parts and their locations.	This is a review of Family Life, Grade 1, Lesson 4. Refer to Activity Sheet FL20. Using the "Body Parts" overhead transparency, have students identify body parts. External body parts should include: - chest - stomach - penis - vulva - legs - knees - feet - navel - buttocks - head - shoulders - arms - hands

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. Review internal body organs and their locations.	This is a review of Growth and Development, Grade 3, Lesson 1. Refer to Activity Sheet FL21. Using the "Inside Story" overhead transparency, have students identify major internal organs and their locations. Internal body parts should include: - brain - heart - stomach - lungs - liver - kidneys
	3. Review that a baby grows from an egg.	This is a review of Family Life, Grade 2, Lesson 3. Ask students where babies come from.
	4. Name and locate male and female organs related to reproduction.	Refer to Activity Sheets FL22, FL23. Using the overhead transparencies, have students name and locate the body organs related to reproduction - ovary - vagina - uterus - penis - testicle Discuss with students which organ makes sperm and which organ makes eggs.

<table>
<tr><th>OBJECTIVES</th><th>STUDENT ACTIVITIES</th><th>TEACHER NOTES</th></tr>
<tr><td></td><td>5. Identify male and female body organs related to reproduction.</td><td>Make an experience chart reviewing which reproductive organs are male and which are female. Repeat which organ makes sperm and which makes eggs.
<table>
<tr><th colspan="2">male</th><th colspan="2">female</th></tr>
<tr><td> </td><td>penis
testicles</td><td> </td><td>ovary
vagina</td></tr>
</table></td></tr>
<tr><td></td><td>6. Match names to body organs.</td><td>Refer to Activity Sheet FL24.
On the Body Parts worksheet, have students draw a line from the name to the appropriate body part.</td></tr>
<tr><td></td><td>7. Listen to the story "How Babies Are Made."</td><td>Read the book "How Babies Are Made" to the students. Discuss.</td></tr>
</table>

FL20



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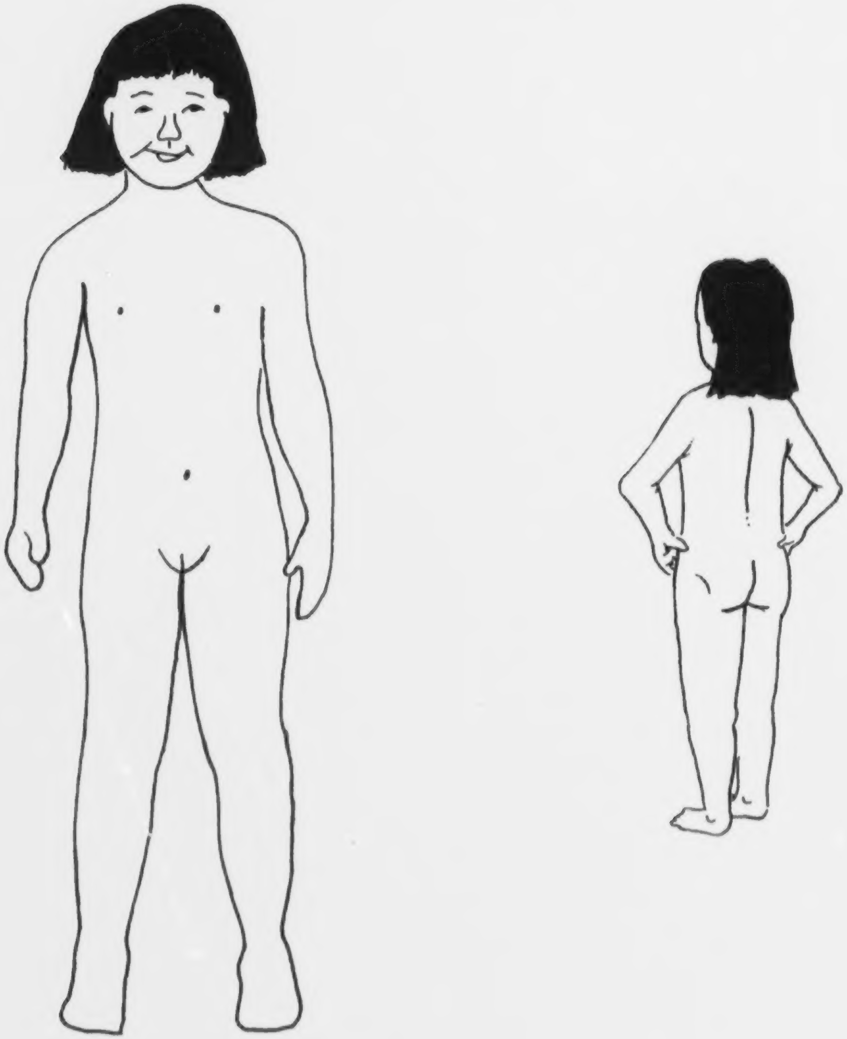

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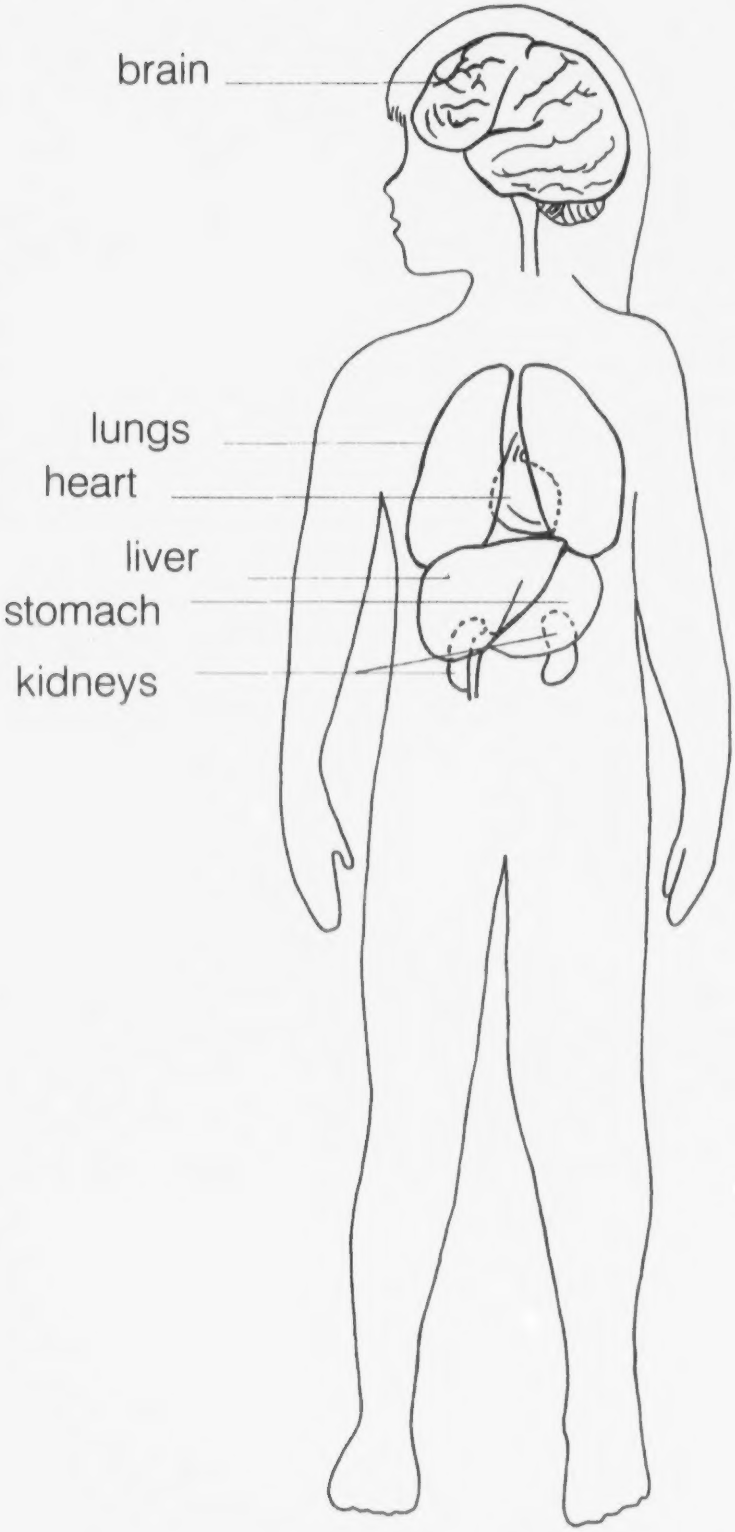
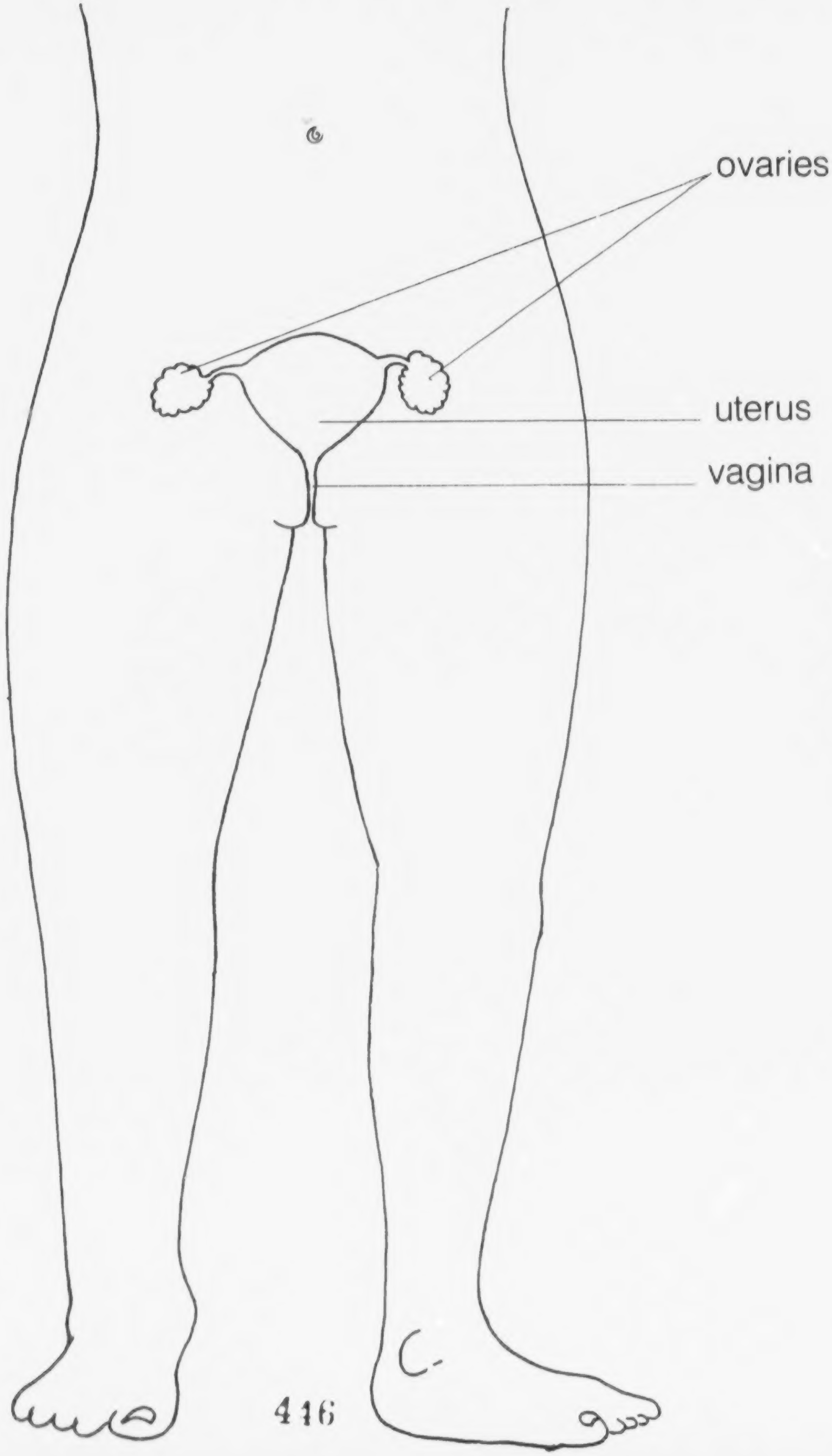
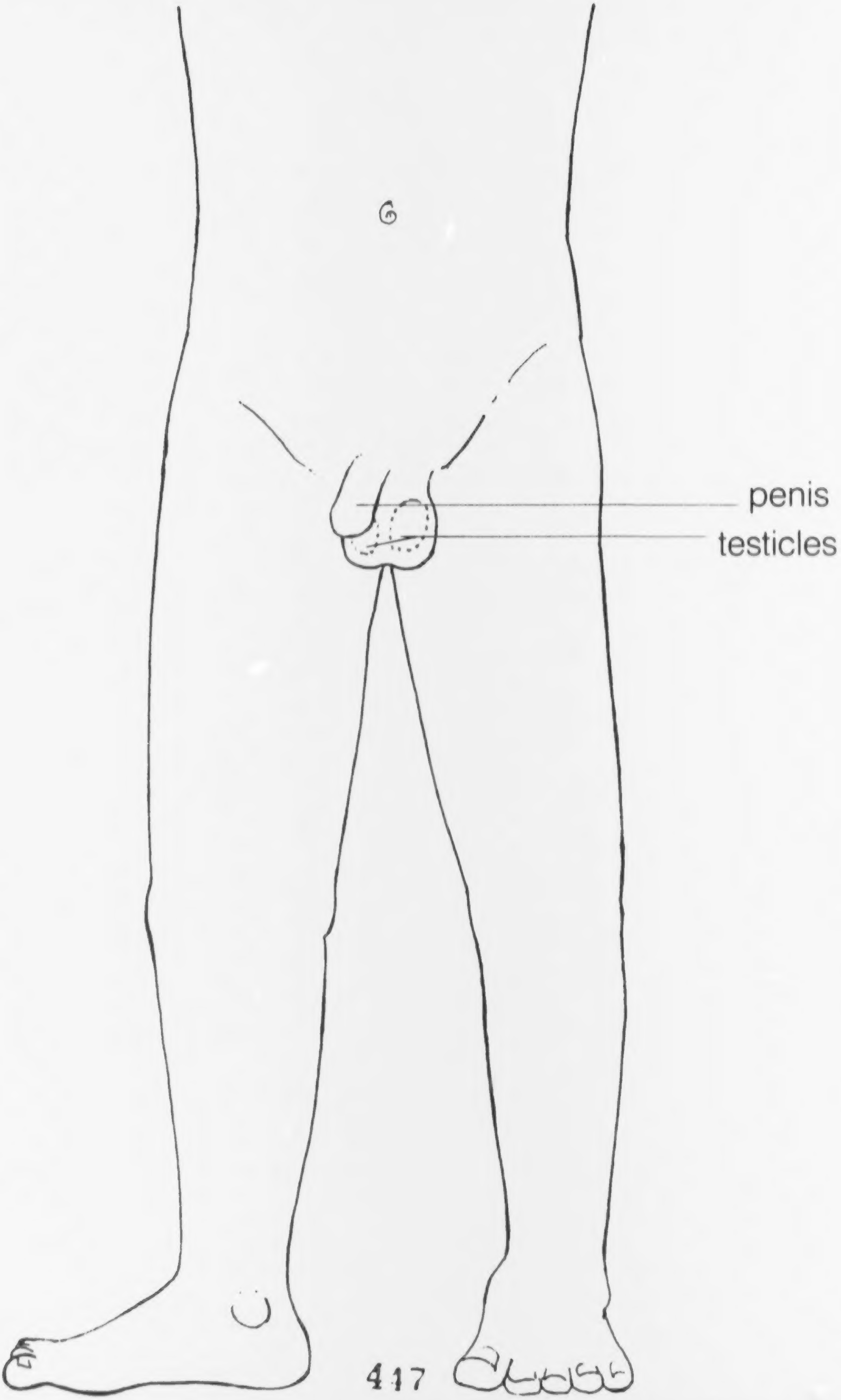

brain
lungs
heart
liver
stomach
kidneys

INSIDE STORY OVERHEAD TRANSPARENCY

FL21

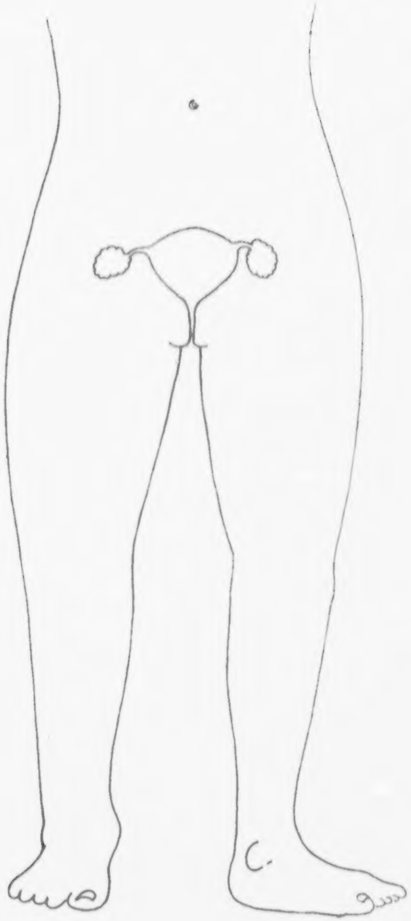

ovaries
uterus
vagina
C-

FL22


penis
testicles

FL24

BODY PARTS WORKSHEET



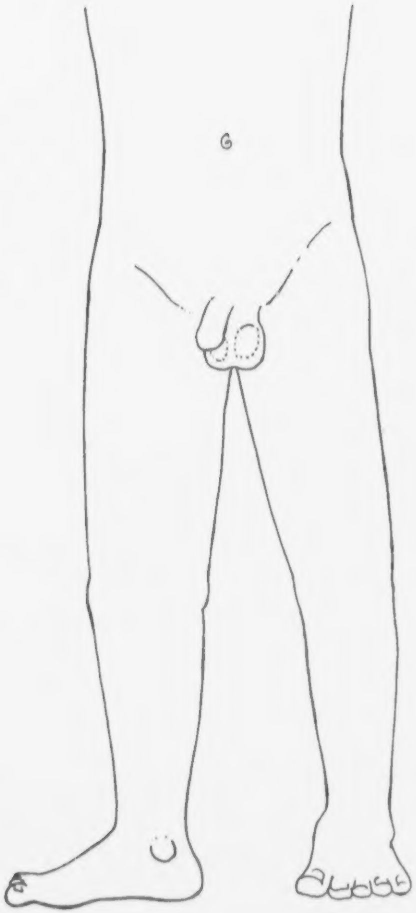
ovary

penis

vagina

testicles

uterus



FAMILY LIFE

GRADE: 3 LESSON: 5 THEME: HUMAN DEVELOPMENT AND REPRODUCTION

CONCEPT: ALL LIVING THINGS REPRODUCE AND GROW

PREPARATION:
1. Overhead transparencies (Activity Sheets FL22, FL23 from Lesson 4, FL25)
2. Pocket chart and sentence strips
3. Prepare a class set of Babies worksheet (Activity Sheet FL26)
4. Materials to make Baby Beginnings book
5. Invite a pregnant woman to visit the classroom

VOCABULARY: sperm

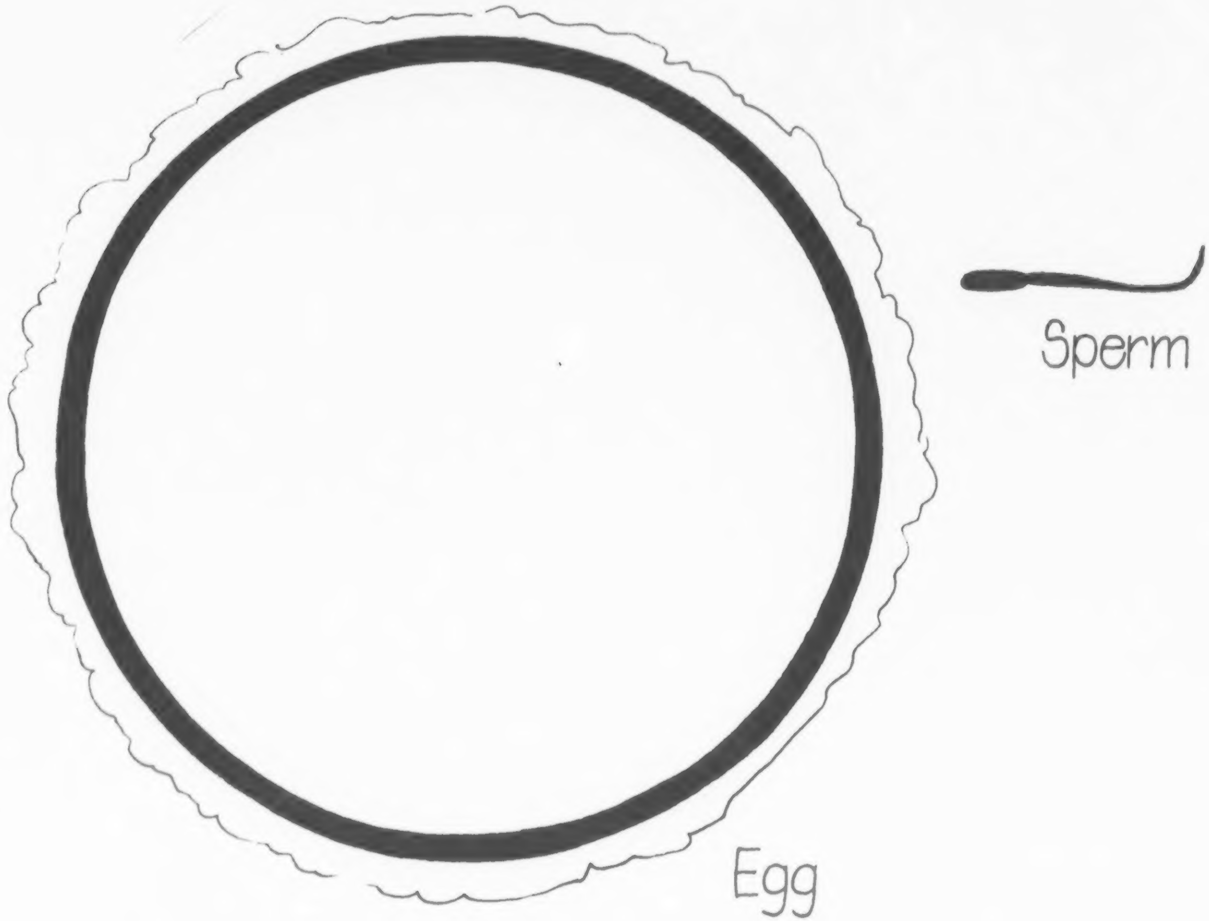
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) explain that human babies are created by the union of an egg and sperm	Students: 1. Review that human babies grow from eggs. 2. Locate where the egg is produced in the female.	This is a review of Family Life, Grade 2, Lesson 3. Refer to Activity Sheet FL22 from Grade 3, Lesson 4. Using the overhead transparency, show students that the egg from which a baby grows is produced in one of the ovaries.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	3. Locate where sperm is produced in the male.	Refer to Activity Sheet FL23 from Grade 3, Lesson 4. Teachers will have to explain that before an egg can grow into a baby it has to be joined by a sperm. Sperm grow inside the male. Using the overhead transparency, show students that sperm are produced in the male's testicles. (This is true for animals and humans.)
	4. Explain that human babies are created by the joining of an egg and a sperm.	Refer to Activity Sheet FL25. Using the overhead transparency, "The Egg And Sperm," show students that the sperm travels to meet the egg. When it joins the egg, a baby will start to grow inside the mother. Teachers should emphasize that the egg and sperm are smaller than a pinhead. If students ask how the egg and sperm join, teachers will have to explain that the male fits his penis gently inside the female's vagina. This is part of a special relationship between a mother and father.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	5. Tell the story of the beginning of a baby.	Ask students to tell the story of the way a baby begins. Record their responses using a pocket chart. Give individual students one sentence and have them rearrange them into the correct sequence. The egg grows in the ovaries The sperm grows in the testicles The egg and sperm join A baby begins to grow The baby grows inside the mother
	6. Make a Baby Beginnings book.	Refer to Activity Sheet FL26. Have the students sort the sentence strips into the correct order. Draw a picture to go with each sentence. Make them into a "Baby Beginnings" book in the shape of a baby.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	7. Talk with a pregnant woman about the baby growing inside her.	Prior to the class, arrange for a pregnant woman to visit the classroom. Students can ask questions about the baby.

THE EGG AND SPERM



BABIES

Sort the sentences into the correct order.

The baby grows inside the mother.

The sperm grows in the testicles.

The egg and sperm join.

The egg grows in the ovaries.

A baby begins to grow.

GRADE 3

TEACHER BACKGROUND INFORMATION

FAMILY LIFE

FAMILIES

Families play an important role in society by providing a loving, caring environment for their members.

In native societies, family ties are still very strong. Many people within a community are related to each other. Through the family, the traditions, values and language of the culture are transmitted from one generation to the next.

Because the family is such an important part of native life, it is extremely important for teachers to ensure the cultural relevance of these lessons for the children in their class. Each lesson should be adapted or altered as necessary to fit the local situation. In schools with native students, it is strongly recommended that native teachers, a classroom assistant, a parent or elders either teach the lessons or discuss with the students the concepts related to families in that context.

A nuclear family can be considered "a committed group of people that lives together in a home and provides love, care, nurture and support for its members." This definition will not fit the concept of a family for some groups, where the extended family is the common family unit. Teachers should select with local elders a suitable definition of a family in their local situation.

In present day society, family structures vary greatly in size and composition:

i) the nuclear family usually consists of mother, father and children

ii) the one parent family results from separation, divorce, death or choice

iii) the extended family includes most relatives, but particularly grandparents, aunts, uncles, cousins

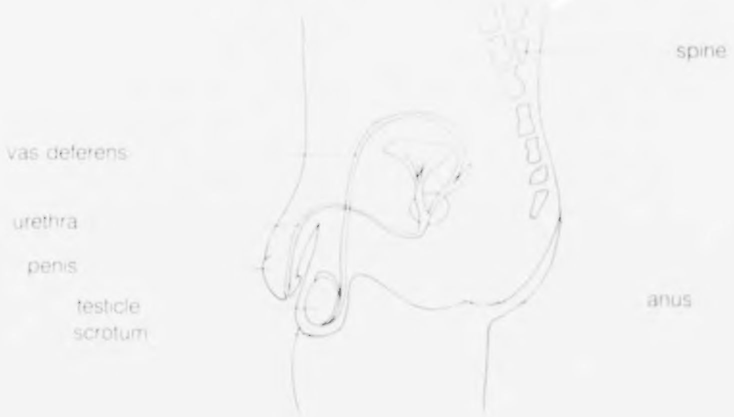
iv) the adopted family accepts a person from another family into their family

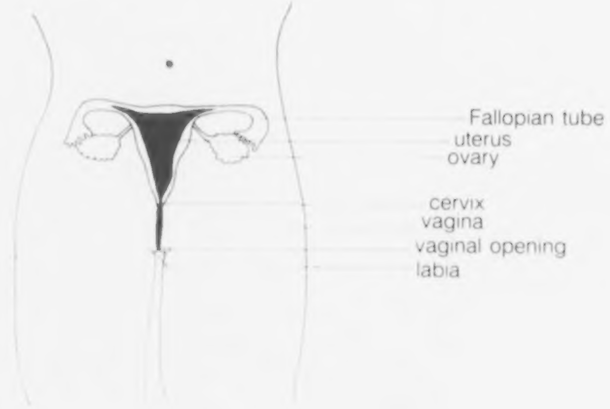
v) the foster family looks after a child, on a temporary basis

vi) the blended family occurs when members of different families come together, e.g., through remarriage

HUMAN DEVELOPMENT AND REPRODUCTION

Students at this grade level learn very elementary aspects of this topic, such as the names of body parts, where they are located and that babies develop from an egg which has been joined with a sperm.


Male Reproductive System
spine
vas deferens
urethra
penis
testicle
scrotum
anus


Female Reproductive System
Fallopian tube
uterus
ovary
cervix
vagina
vaginal opening
labia

GRADE THREE

SAFETY AND FIRST AID

SAFETY AND FIRST AID

GRADE 3 LESSON: 1 THEME: BURN PREVENTION

CONCEPT: BURNS AND SCALDS CAN BE PREVENTED BY FOLLOWING SAFETY RULES AND MINIMIZED BY FIRST AID

PREPARATION:
1. Prepare a class set of Safe or Dangerous (Activity Sheet SFA 19)
2. Materials for big books
3. First aid materials to treat a minor burn - cold water, ice, clean cloth, gauze bandages, adhesive tape

VOCABULARY: hazard, risky behaviour

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page SFA 54, SFA 58 Objectives i), ii) and iii) are a review of Grade 1, Lesson 3.
i) identify hazards that may result in burns and scalds	1. Identify hazards that may cause burns.	Use the first three Student Activities to develop a large experience chart as shown in Student Activity 3. Use props, pictures and student experiences to stimulate responses. i) Ask students if they have ever been burned, or to name hazards which can cause burns. For this activity record only the actual source of the burn - e.g., the matches - the column marked "Hazard".
	2. Define the terms "burn" and "scald".	ii) Once various hazards have been listed, identify each hazard as either wet - a scald - or dry - a burn. Record in the column marked "Burn or Scald?"

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
ii) identify risky behaviours that may result in burns and scalds	3. Name risky behaviours that may result in burns and scalds.	iii) Based on students' own experiences, or their imaginations, identify risky behaviours that caused/could cause the burns and scalds already identified. Record in the last column of the experience chart.

Hazard	**Burn or Scald?**	**Risky Behaviour**
matches	burn	- playing with matches - leaving matches where a young child can reach them
stove	burn	- playing near a stove - leaving a young child alone near a stove
curling iron	burn	- leaving curling iron on when not in use - leaving curling iron where a child can reach it
heater	burn	- playing near a heater - removing screen from heater
steam	scald	- reaching over a boiling kettle - lifting plastic off hot food from microwave oven
oil	scald	- leaving hot oil within reach of a child - dropping food into oil so that it splashes
sun	burn	- not wearing sunglasses - not wearing sun screen or clothes
electrical outlet	burn	- poking something into an electrical outlet

OBJECTIVES

iii) identify safety rules to prevent burns and scalds

STUDENT ACTIVITIES

4. Complete Safe or Dangerous worksheet.
5. Write safety rules to prevent burns and scalds.

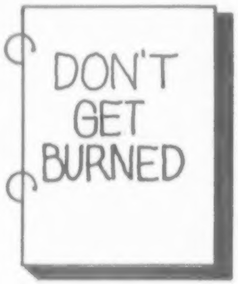
TEACHER NOTES

Hazard	**Burn or Scald?**	**Risky Behaviour**
hot food	scald	- leaving pot handles so a young child can reach them - eating too fast, before food cools
fire	burn	- playing near an open fire - leaving gasoline near fire or heater
hot water	scald	- not checking bath/shower before getting in - letting a young child play alone in a bathtub

Refer to Activity Sheet SFA 19.

Develop safety rules under the headings "Always" and "Never". Record as illustrated:

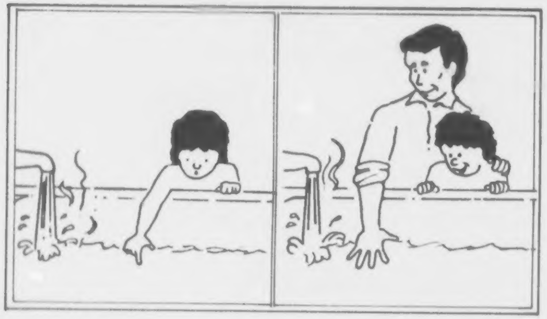
Always (✓)	**Never (X)**
- give matches to an adult	- play near a stove
- wear sunglasses in the spring time	- reach over a boiling kettle
- etc.	- etc.

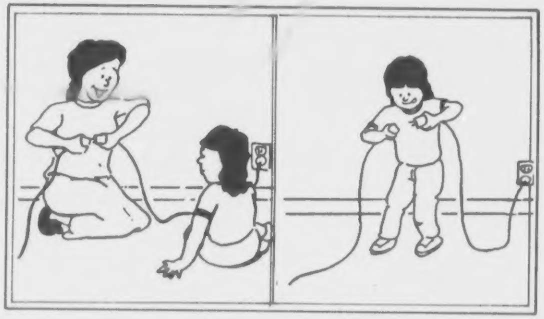
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	6. Make a Don't Get Burned big book.	Have each student illustrate one of the safety rules identified in Student Activity 5, to make a page for a big book. Place the book at the community health centre or a doctor's clinic. 
iv) demonstrate first aid for minor burns and scalds	7. Observe a demonstration to treat minor burns and scalds.	Minor burns and scalds usually heal quickly but require first aid. Materials required: cold water or ice, clean cotton squares or bandages, adhesive tape. **Treatment:** 1. Place burned area in cold water for at least 10 minutes. 2. Remove non-sticking clothing around burn area. 3. Cover the burn loosely with clean cloth that is not fluffy. 4. Get help from an adult you trust or go to the doctor or nurse.
	8. Demonstrate first aid for a minor burn or scald.	Have students practise treating simulated burns and scalds.

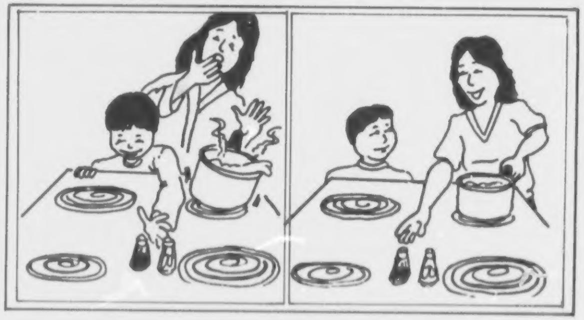
SAFE OR DANGEROUS

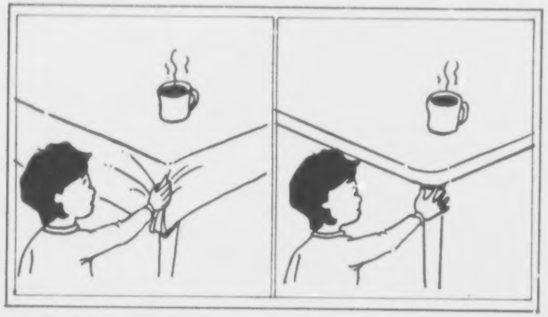
SFA 19

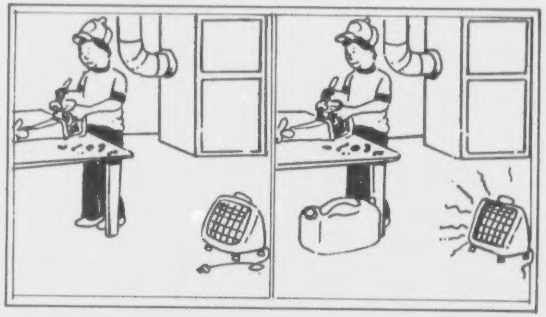
Look at each pair of pictures. Cross out the one which is dangerous.

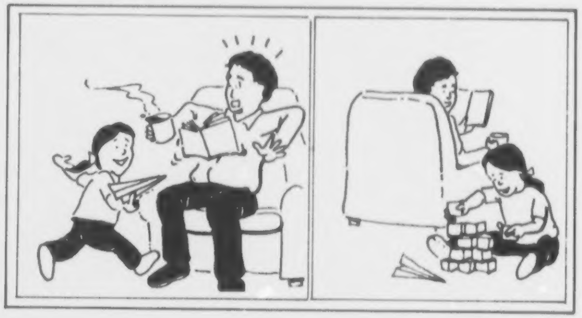


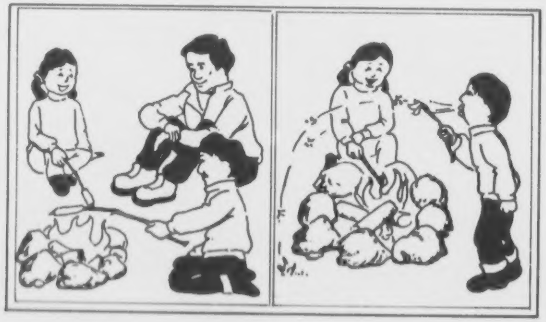












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SAFETY AND FIRST AID

GRADE 3 **LESSON: 2** **THEME: FIRE SAFETY**

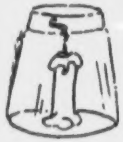
CONCEPT: INJURIES FROM FLAMES CAN BE PREVENTED BY FOLLOWING FIRE SAFETY RULES

PREPARATION:

1. Materials for experiment - glass, candle, matches
2. Prepare an overhead transparency of STOP, DROP, ROLL (Activity Sheet SFA 20), small paper flames
3. Blankets, sleeping bags, coats
4. Prepare a class set of Get Out (Activity Sheet SFA 21)
5. Toy telephones
6. Arrange for volunteers from a senior class to assist with Student Activity 10
7. Prepare overhead transparencies of Steps To Safety (Activity Sheets SFA 22A, 22B, 22C, 22D)
8. The story 'Fire' (Activity Sheet SFA 22)

VOCABULARY: burn, senses, smother, detect, oxygen, exit

<table>
<tr><th>OBJECTIVES</th><th>STUDENT ACTIVITIES</th><th>TEACHER NOTES</th></tr>
<tr>
<td>Students will be able to:
i) name the senses used to detect fire</td>
<td>Students:
1. Discuss which senses are used to detect fire.</td>
<td>Background Information: Page SFA 53 - SFA 54
Ask students how they use their senses to detect fire.
Record student responses using an experience chart as shown:
<table>
<tr><th>Sense</th><th>How It Helps</th></tr>
<tr><td>sight</td><td>You can see flames or smoke.</td></tr>
<tr><td>smell</td><td>You can smell smoke.</td></tr>
<tr><td>sound</td><td>You can hear flames crackling.</td></tr>
<tr><td>touch</td><td>You can feel heat.</td></tr>
</table>
</td>
</tr>
</table>

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
ii) demonstrate the five steps to follow if clothes catch on fire	2. Observe an experiment to demonstrate that fire cannot burn without oxygen.	Conduct an experiment to show how fire needs oxygen in order to burn and that a fire will go out when there is no oxygen. **Materials:** glass jar or drinking glass candle matches  **Method:** 1) Light the candle. 2) Place the glass over the candle as illustrated. **Discussion:** What happened to the candle after the glass was put over it? Why? If your clothes caught on fire how could you remove the oxygen and put out the fire?
	3. State the five steps to follow if clothing catches on fire.	Refer to Activity Sheet SFA 20. Show overhead transparency. Tape a small flame, made out of construction paper, onto your clothes. Demonstrate the steps to follow to put out the fire. Students have to identify/guess the steps. 1. **STOP**. 2. **DROP** to the ground or floor immediately. 3. **ROLL BACK AND FORTH** on the burning spot until fire is out. 4. **COVER** your face with your hands. 5. **COOL** the burn immediately with cold water or ice. If another person is present they can help smother the flames with a blanket or coat. Get help from a trusted adult, doctor or nurse.

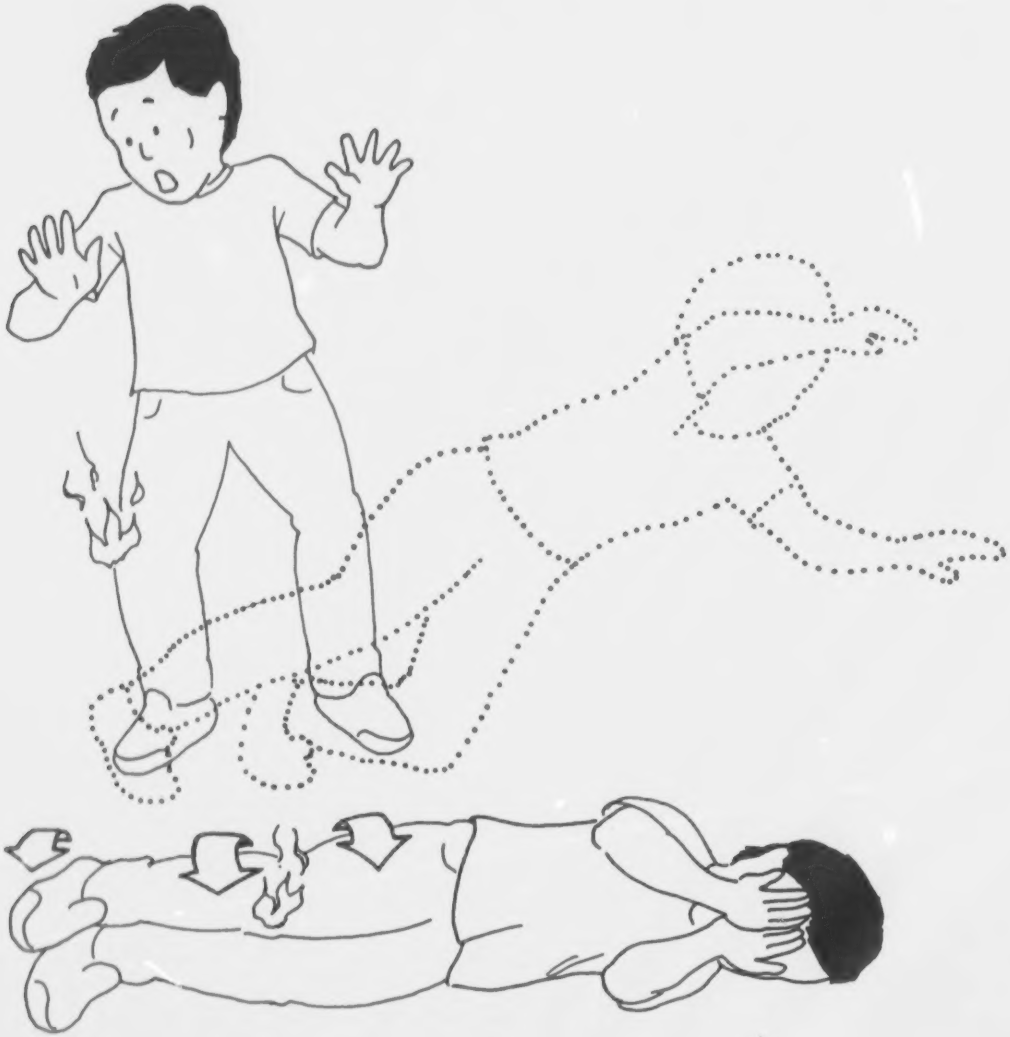
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	4. Demonstrate putting out simulated clothing fires.	Divide students into pairs and give each student a construction paper flame. Students tape the flame onto the partner's clothing and then go through the five steps identified in Student Activity 3. Each student can practise the steps several times with the flame on different pieces of clothing e.g., pant leg, sleeve, shirt tail, back of shirt. For a more creative activity allow pairs to brainstorm situations which might result in a clothing fire. For example: - dropping a lighted match on your pants - knocking over a candle - playing too close to a campfire/coleman stove Write the situations on cards. Have each pair of students draw a card, act out the situation causing the fire, and then perform the 5 steps to put out the fire. Encourage students to say the key word of each step as they practise. STOP DROP ROLL COVER COOL
iii) list safety rules to follow when exiting a burning building	5. State the two most important rules to follow if they are in a burning building.	Teach students that their motto should be: GET OUT GET HELP

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	6. Identify exits from their classroom and from their bedrooms at home.	Discuss possible exit routes from your classroom to show students that there should always be two ways to get out of a building, and that there should be a specific meeting place outside. Refer to Activity Sheet SFA 21. Discuss student responses to the activity sheet and encourage them to talk to their parents about it.
	7. Identify steps to follow if they are in a burning building.	Refer to Activity Sheets SFA 22A, 22B, 22C, 22D. It is important for students to practise these steps, not just know them. In a real emergency they would be more likely to react safely if they have already physically rehearsed the procedure. As you introduce each step, show the corresponding overhead transparency. 1) Yell "Fire, Fire" as loud as you can. 2) Touch closed doors. If they are warm or hot do not open them. 3) Stay away from smoke. Take another exit or crawl under the smoke. 4) Go to a safe meeting place outside. 5) Call the fire department. 6) Do not go back inside for any reason.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	8. Listen to and discuss the story "Fire".	Refer to Activity Sheet SFA 23. Read the story through once completely. Then read it again and have students raise their hands each time they hear a safety rule that Charlie and Mary followed.
	9. Observe a demonstration on how to place an emergency telephone call to the fire department.	This is a review of Grade 1, Lesson 2. Demonstrate the phone call using a toy phone and the following steps: 1) Dial correct numbers. 2) Say "I want to report a fire at ______________." 3) Wait until you are sure the person understands your message. 4) Be prepared to give your name and where you are calling from. Emphasize that people should **not** call from the burning building.
	10. Simulate telephoning the fire department.	Arrange for the assistance of student volunteers from a senior class. Use these students to "answer" the simulated phone calls, ask questions of the caller, etc.

STOP DROP ROLL

SFA 20



GET OUT!

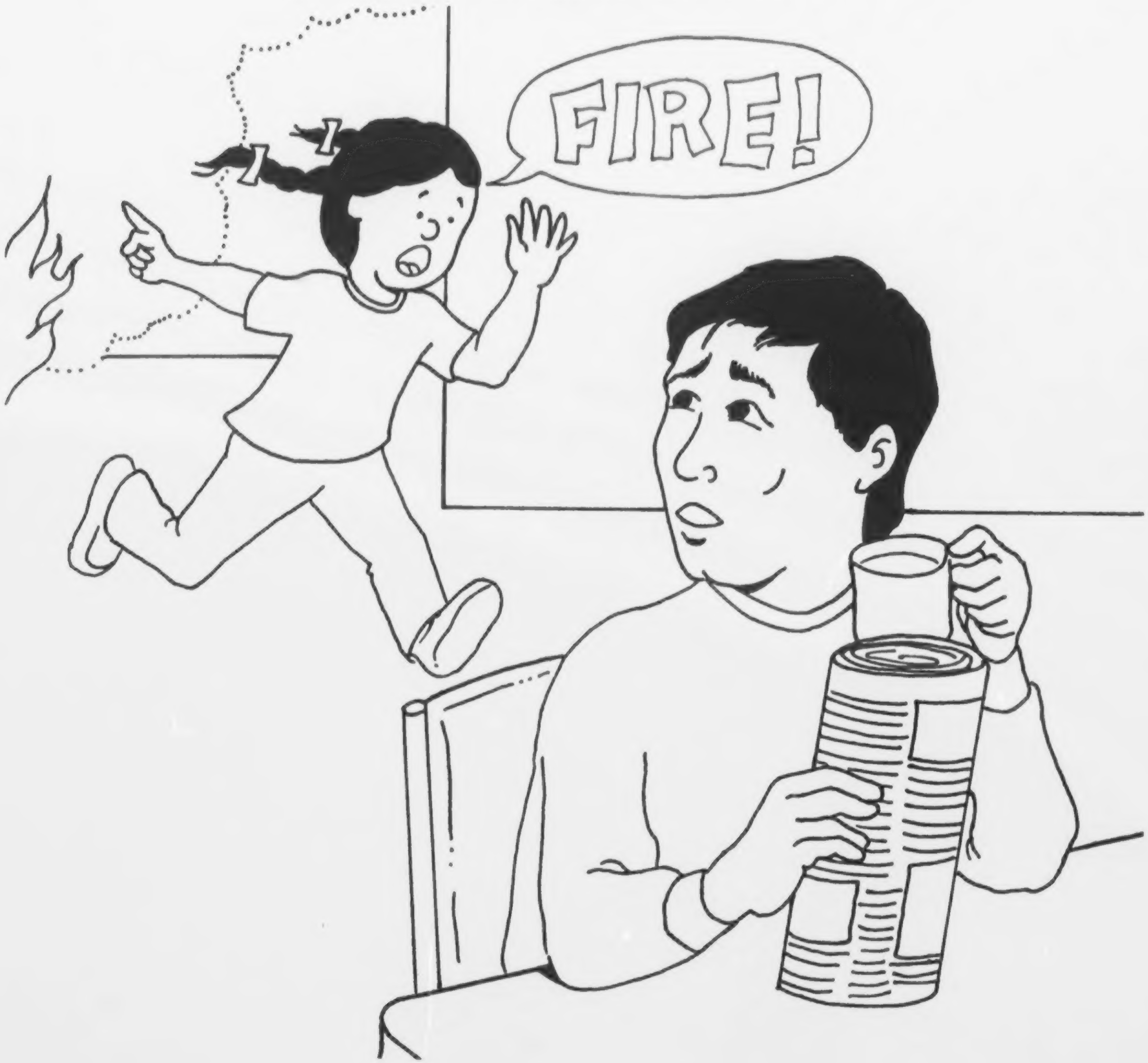
SFA 21

Here is a space to draw your bedroom.
Draw the bed.
Draw your bedroom door.
Now draw your second exit. Is it a window?

Does your family have a meeting place outside? ______________________________

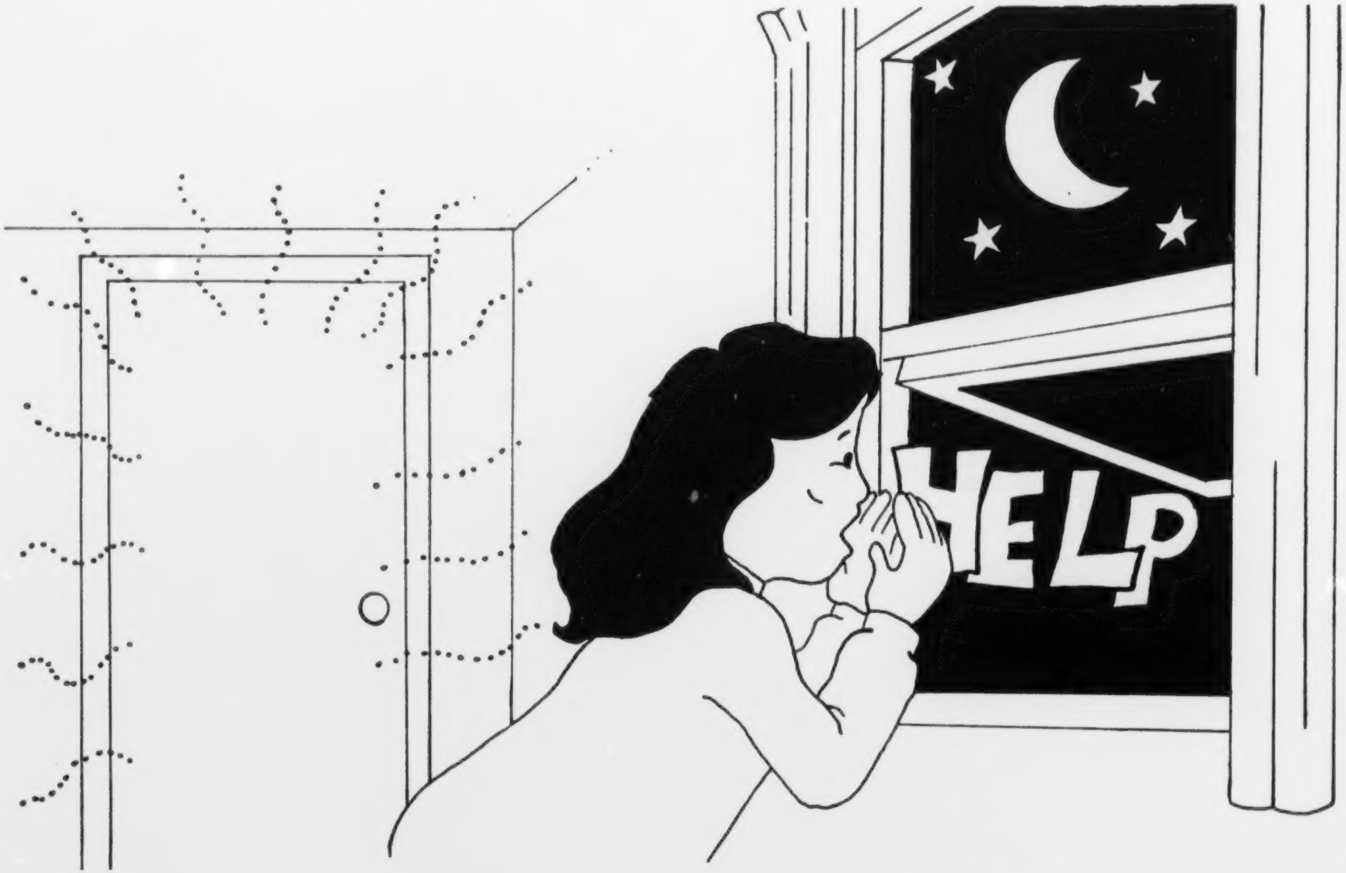
STEP TO SAFETY #1

SFA 22A



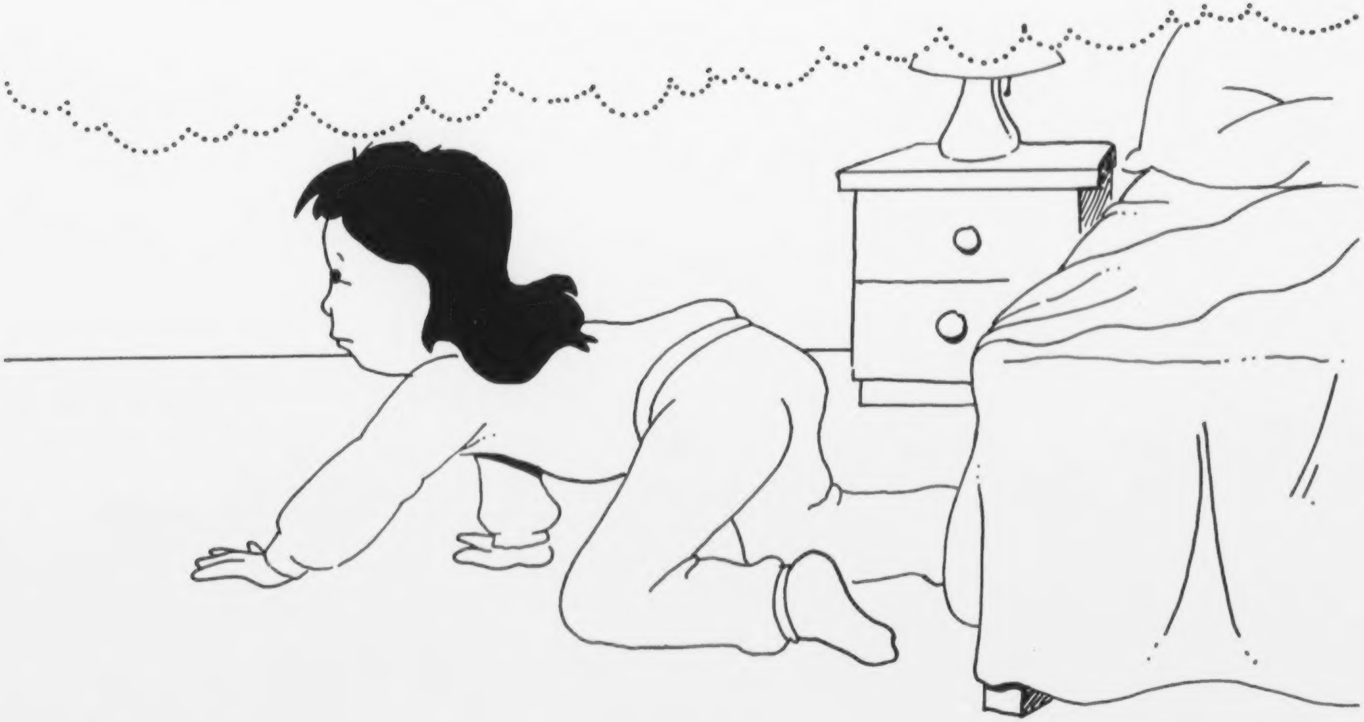
STEP TO SAFETY #2

SFA 22B



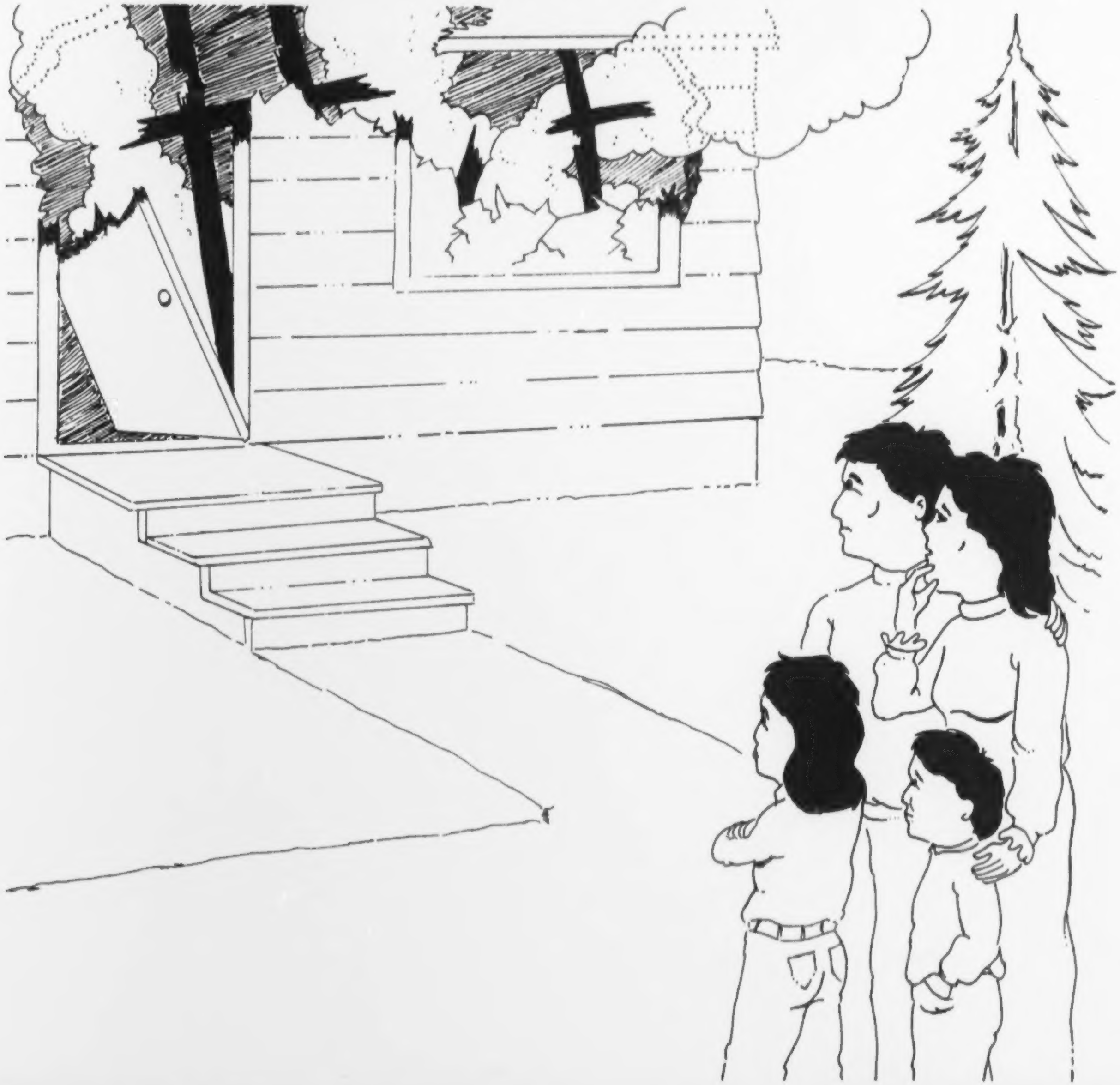
STEP TO SAFETY #3

SFA 22C



STEP TO SAFETY #4

SFA 22D



FIRE!

Mary and Charlie put their two young children to bed. They decided to make some bannock as a T.V. snack. After Charlie put the fat on the stove, the power went out. It was dark so Mary found a candle and matches.

Sitting in the dark was fun for a while but they soon became sleepy and cold and went to bed. They carried the candle to their bedroom; then blew it out.

The next thing Mary knew, she could hear the crackling of a fire. She quickly woke up Charlie.

Together, they touched their closed door. It wasn't hot.

Mary ran to get the baby and Charlie ran down the smoke filled hall to find Paul. As the smoke got thicker Charlie covered his nose with his sleeve and got down on his hands and knees.

Mary went into the baby's room and picked her up. She could tell that the fire must be nearby in the kitchen. Mary closed the hall door and opened the bedroom window. The baby was afraid and started to cry. Mary wrapped a blanket loosely over the baby's face and climbed out the window. She went around to the front of the house. The neighbours had called the volunteer fire department and the siren was going.

Mary nervously looked around for Charlie and Paul. They were crawling out the front door.

Mary thought of her things in the house but knew that her family was the most important thing to her.

Paul and Charlie were sick from breathing the smoke and the baby was screaming but they were alive. Another minute in that house and they would not have made it.

Mary and Charlie built a new house. Now they have an escape plan and smoke detectors and a meeting place outside. Do you?

SAFETY AND FIRST AID

GRADE 3 **LESSON: 3** **THEME: OUTDOOR SAFETY**

CONCEPT: INJURIES AROUND WATER CAN BE PREVENTED BY FOLLOWING SWIMMING, BOATING AND WATER SAFETY RULES

PREPARATION:

1. Materials to make puppets - fabric remnants, felt (Activity Sheet SFA 24A, 24B)
2. Enlarge Water Wise gameboard (Activity Sheet SFA 25)
3. Index cards, several dice, game board markers
4. Prepare a class set of Boating Safety Song (Activity Sheet SFA 26)
5. Invite an elder to tell a story or legend about water safety

VOCABULARY: currents, bailer

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page SFA 55
i) list activities in or near water	1. Name various water activities that they enjoy.	Water activities may include: swimming, boating, canoeing, fishing, playing on beach, throwing or skipping stones, meeting float planes or boats, playing in ditches/puddles.
ii) identify hazards and behaviours around water that may result in injuries or death	2. Name hazards and behaviours around water that may result in injuries or death.	Divide students into three groups and assign each group one of the following headings: - swimming - boating - playing near water (including in ditches, on docks, etc.)

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Each group has to identify hazards and behaviours which are dangerous, and present them to their classmates. Presentations could take the form of: - posters - role playing - oral presentations - demonstrations - charades Possible hazards/behaviours for each activity may include: Swimming - water too cold - not wearing a life jacket if you are a weak swimmer - jumping in without checking depth - swimming alone - swimming after dark - stepping on broken glass - currents - drinking alcohol - swimming too far from shore

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES

		Boating
		- overloading
		- not wearing lifejacket
		- not having safety equipment - paddle, bailer
		- not telling someone where you are going
		- weather
		- motor breakdown
		- standing up in a boat
		- fooling around in a boat
		- not having enough (or extra) clothes
		- drinking alcohol
		- weather change
		
		Playing In Or Near Water
		- falling in with clothes and boots on
		  - clothes are heavy when wet
		  - water may be too cold
		  - no life jacket
		- fooling around, pushing, shoving
		- water depth may suddenly drop off
		- stepping on broken glass
		- drinking alcohol

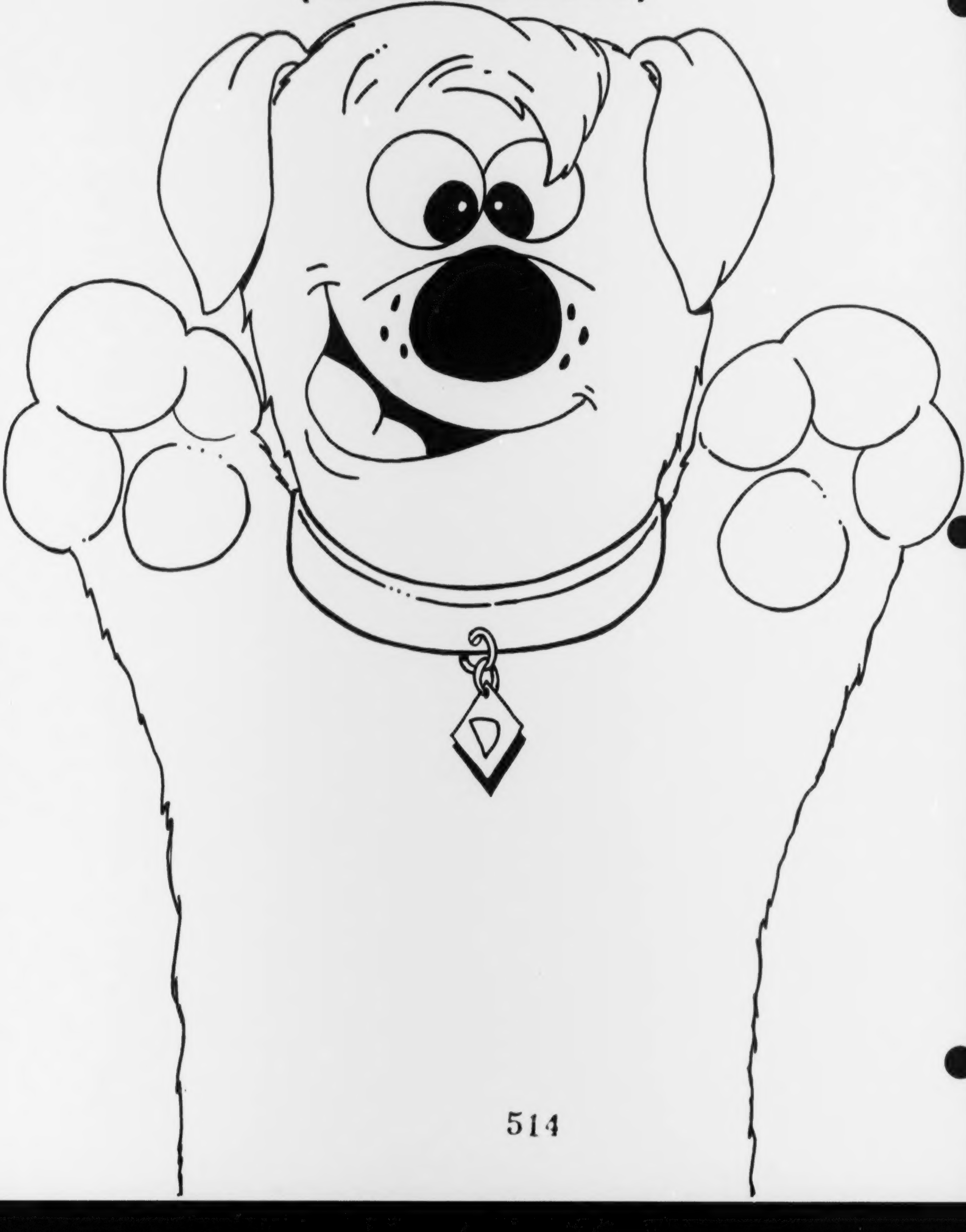
iii) identify safety rules around water	3. State safety rules around water that prevent injuries or death.	Refer to Activity Sheets SFA 24A and 24B. Make 3 Dino and 3 Sammy puppets - one of each for each group from Student Activity 2. Give each group a pile of index cards on which they are to write pairs of safe and unsafe behaviours. For example:

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Swimming Group: Card 1(a) - I like to swim alone. (unsafe) 1(b) - Never swim alone. (safe) Card 2(a) - My sister cut her head when she dove into the water. (unsafe) 2(b) - Always check water depth before swimming. (safe) etc. After each group has developed as many pairs of index cards as possible have them present their safe and unsafe ideas to the rest of the class using the two puppets, Dino The DoDo and Sammy The Smart Squirrel (or Sik Sik). For example: Dino says: "I'm a good swimmer so I don't wear a lifejacket in the boat." Sammy says: "Always wear a lifejacket in a boat. Wet clothes are heavy." The audience can participate by signaling thumbs down after Dino speaks, and applauding after Sammy speaks.
	4. Play Water Wise game.	Refer to Activity Sheet SFA 25. Materials for each group: - enlarged game board - 50 index cards - 1 die - game marker for each player Preparation: 1) Enlarge the game board. 2) Prepare additional or extra copies of the safe and unsafe index cards from Student Activity 3, to make 50 cards per group.

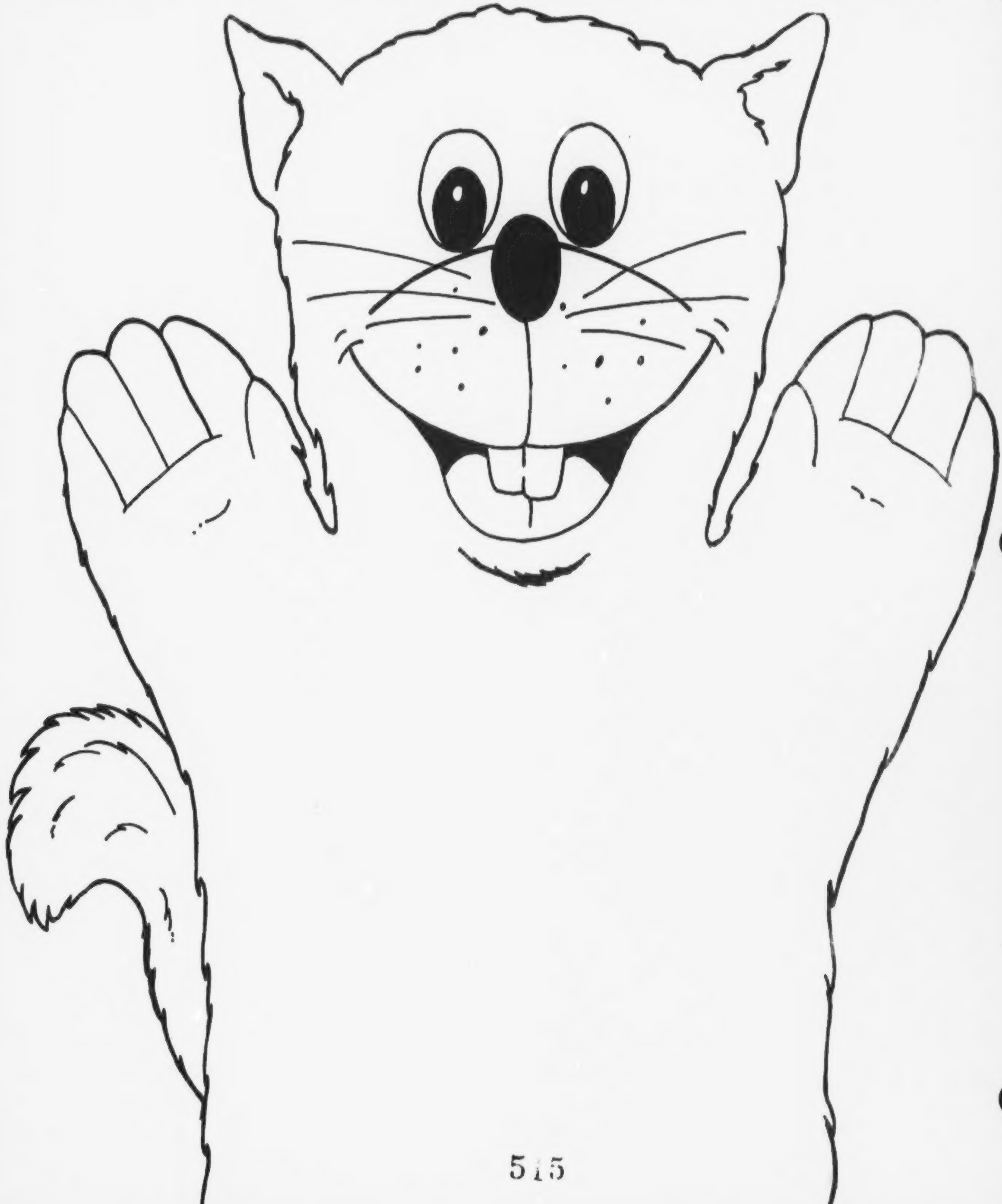
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Rules: 1) Each player selects a marker. 2) Each player rolls the die once to determine who plays first (highest roll begins). 3) Player number 1 rolls the die and takes the top card. The player must identify the statement as either safe or unsafe. If correct the player advances according to the number on the die. If incorrect, the player must go back 3 spaces. 4) The game proceeds with players taking turns until one person wins by crossing the finish line. Dino and Sammy can watch the action with Dino cheering each time a player gets the right answer, and Sammy trying to console players who get a wrong answer.
	5. Learn and sing Boating Safety song.	Refer to Activity Sheet SFA 26.
	6. Listen to an elder tell a story about water safety.	Invite an elder to tell a story or legend about water safety. Discuss.

PUPPET
(DINO THE DoDo)

SFA 24A

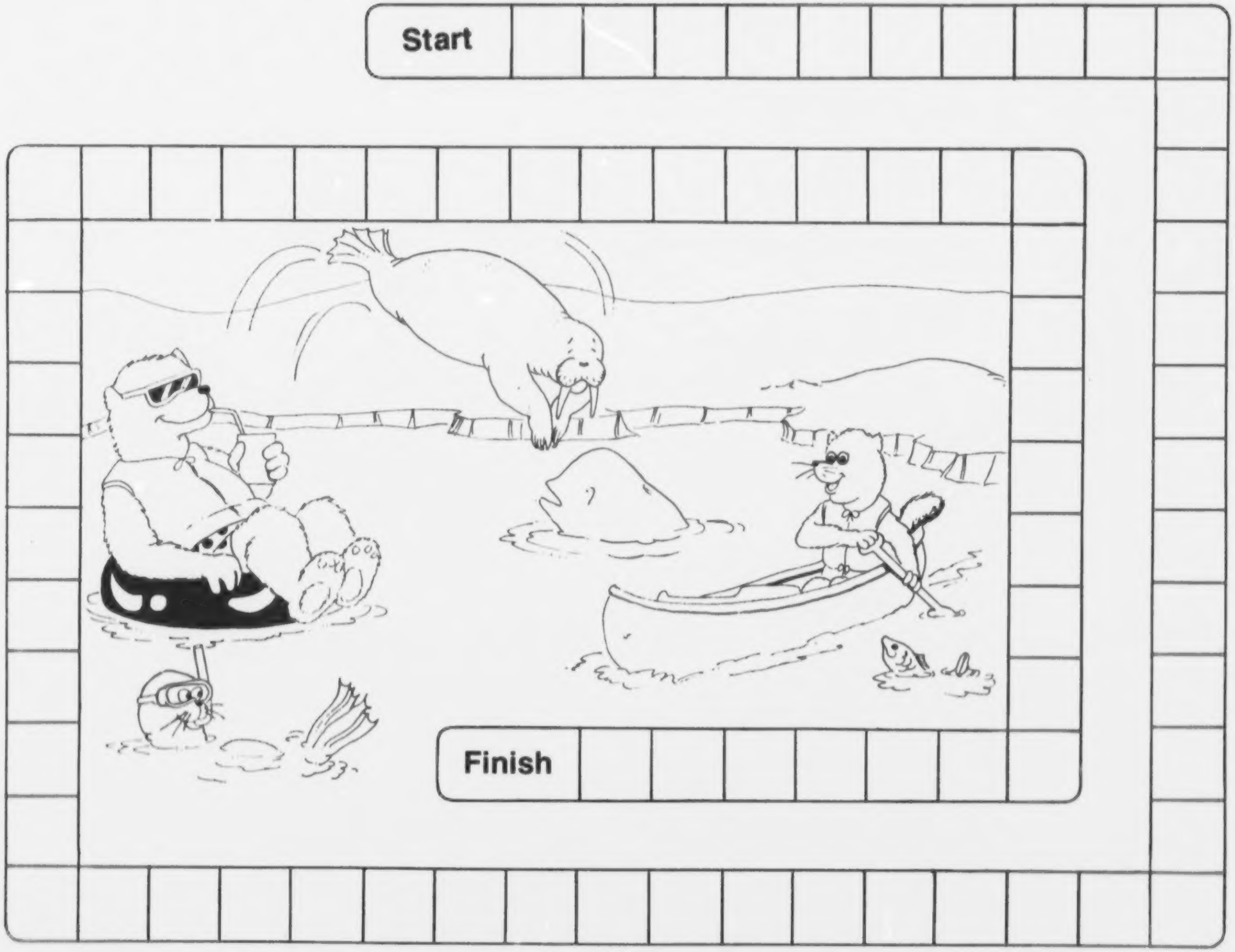


PUPPET
(SAMMY THE SMART SQUIRREL (SIK SIK))



WATER WISE

SFA 25


Start
Finish

adapted from: Watersafe, Red Cross Youth, Canadian Red Cross Society

BOATING SAFETY SONG

SFA 26

Once a couple went a boating
It was not so very fine
It was rough and very stormy.
Don't go boating at that time!

She was floating on the water
And her shoes were number nine,
So I grabbed a stick and got her;
And I saved her just in time

He was sinking, he was drowning;
Everything was up to me!
So I passed to him a paddle
Pulled him out, oh, lucky me!

In a little boat on the water,
Please be sure you're sitting down.
If you fall out or the boat tips
You will likely freeze or drown.

(Tune: Clementine)

Adapted by Mary Jane Stewart from Canadian Red Cross Society, Safety Is No Accident, 1979

SAFETY AND FIRST AID

GRADE 3 **LESSON: 4** **THEME: OUTDOOR SAFETY**

CONCEPT: INJURIES AROUND ICE CAN BE PREVENTED BY FOLLOWING SAFETY RULES AND MINIMIZED BY FIRST AID

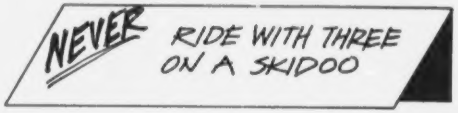
PREPARATION:

1. A copy of the book A Promise is a Promise by Robert Munsch and Michael Kusugak, Annick Press Ltd., 1988
2. Prepare a class set of If You Want To Go On The Ice (Activity Sheet SFA 27)
3. Enough plasticine or play dough to make ice activity models
4. Cue cards, large "ice" surface
5. Invite an elder to tell a story or legend about ice safety

VOCABULARY: hypothermia, promise, Qallupilluq (see last page of A Promise Is A Promise)

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page SFA 55, SFA 58
i) list activities around ice	1. Name various activities on or near ice.	Ice activities may include: fishing, skidooing, travelling, walking, chopping ice blocks for water, hunting, dog sledding, trapping and sports such as skating, hockey, broomball, skiing.
ii) identify hazards and behaviours around ice that may result in injuries or death	2. Listen to the story A Promise Is A Promise.	Read the story, which is available in both English and Inuktitut, to students.
	3. Name hazards and behaviours in the story which led to Allashua's accident.	These include: - not doing what her mother told her - going on the ice alone - cracks in the ice - lying to her mother

<table>
<tr><th>OBJECTIVES</th><th>STUDENT ACTIVITIES</th><th>TEACHER NOTES</th></tr>
<tr><td>iii) identify safety rules around ice</td><td>4. Name safety rules around ice.</td><td>Develop an experience chart as shown:
<table>
<tr><th>Always (✓)</th><th>Never (X)</th></tr>
<tr><td>- ask an adult if you can go on the ice</td><td>- go on the ice alone</td></tr>
<tr><td>- dress warmly</td><td>- go where there are no skidoo tracks or footprints</td></tr>
</table></td></tr>
<tr><td></td><td>5. Learn the song If You Want To Go On The Ice.</td><td>Refer to Activity Sheet SFA 27.</td></tr>
<tr><td></td><td>6. Listen to an elder tell a story about ice safety.</td><td>Invite an elder to tell a story or legend about ice safety. Discuss.</td></tr>
<tr><td></td><td>7. Make a display of ice activities and safety rules to follow when on the ice.</td><td>Playdough recipe:
1 L flour
500 ml salt
60 ml vegetable oil
enough water to roll dough into ball
food colouring (if you like)
Knead.
Divide among the students.

Have each student make a model out of plasticine or play dough of an ice activity. Have them print a safety rule on a cue card folded in half.
 </td></tr>
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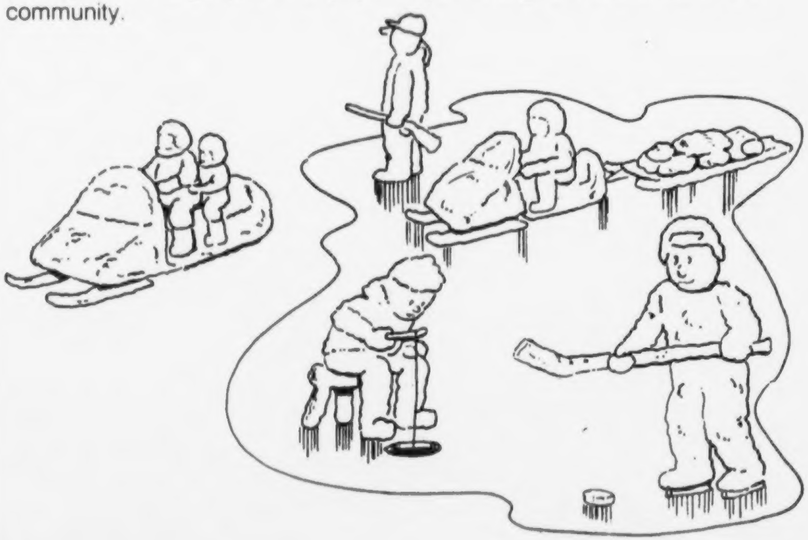
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Display on a large piece of paper representing the ice around the community. 
iv) describe first aid for hypothermia	8. Explain hypothermia.	Refer back to the story A Promise Is A Promise. Take the temperature of several students. Explain that their bodies are warm (37ºC) but if the body gets too cold, like Allashua's, you will die. When the whole body gets cold, not just fingers and toes, this is called hypothermia. (Body temperature would be 32ºC or lower.)

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
5.6	9. Describe first aid for hypothermia.	Ask students to recall what Allashua's parents did after her dad found her in the snow. - They all got into the same bed, naked. - Allashua's mum gave her hot tea, with lots of sugar Direct body contact warms the body from the outside. The hot tea warms the body from the inside. The sugar gives the body energy. 5.7

IF YOU WANT TO GO ON THE ICE

SFA 27

If you want to go on the ice, ask your mum.
If you want to go on the ice, ask your mum.
If you want to go on the ice, well that's really, really nice,
But if you want to go on the ice, ask your mum.

If you go out on the ice, take your chum.
If you go out on the ice, take your chum.
If you go out on the ice, well that's really, really nice,
But if you go out on the ice, take your chum.

When you're out on the ice, look for tracks.
When you're out on the ice, look for tracks.
When you're out on the ice, well that's really, really nice,
But when you're out on the ice, look for tracks.

If you go on the ice, play it safe.
If you go on the ice, play it safe.
If you go on the ice, well that's really, really nice,
But if you go on the ice, play it safe.

(Tune: If You're Happy And You Know It)

- Barbara Hall

SAFETY AND FIRST AID

GRADE 3 **LESSON: 5** **THEME: PERSONAL SAFETY**

CONCEPT: ANIMAL BITES CAN BE PREVENTED BY FOLLOWING SAFETY RULES AND MINIMIZED BY FIRST AID

PREPARATION:
1. Props for role playing in Student Activity 2
2. First aid materials for animal bites - soap and water, clean bandage or cloth
3. Red pen

VOCABULARY: fortunately, unfortunately

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page SFA 56
i) describe safety rules that help prevent animal bites	1. Name animals that may bite people.	Ask students if they have ever been bitten by an animal. List animals in the local environment that may bite people. These may include: dogs, cats, foxes, squirrels, wolves, bears, sik siks, seals, fish, birds.
	2. Act out safety rules that help prevent animal bites.	Divide students into pairs or small groups and give each a safety rule to act out before the rest of the class. Work with pairs or groups to plan scripts, get props, etc. Have each pair/group act out its safety rule, while other students try to guess the rule being depicted. Roles will include those of both animals and people. Safety rules to prevent animal bites include: DO stand still if a strange dog comes up to you. Keep your hands down. Let the dog sniff you. Talk to it in a low, calm voice. Walk away slowly.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		DO make noises when picking berries so animals know you are there. They will usually stay away from you. DON'T leave garbage around your campsite or outside your house. DON'T take a dog's food or bone. DON'T try to pet or pick up a wild animal. DON'T try to break up a dog fight, even if it's your dog. DON'T play at the dump. DON'T chase or corner a wild animal.
		List rules as they are acted out and identified.
	3. Write Fortunately Unfortunately situations.	Have students work in pairs or groups to make up a fortunately, unfortunately encounter with an animal. Read them to the class.
		e.g., Unfortunately a strange dog approached me. Fortunately I remembered to stand still and let him sniff me. Unfortunately he growled. Fortunately I didn't try to run away. Unfortunately it seemed like forever. Fortunately he finally went away.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
ii) describe first aid for animal bites	4. Observe a demonstration of first aid for animal bites.	Have a student pretend to have an animal bite. Use red ink to show where the bite is. As the teacher performs first aid, have students describe each step. 1. If possible, first wash hands. 2. Wash wound thoroughly with soap. 3. Control any bleeding by applying pressure over wound. 4. Cover with a clean bandage or cloth. 5. Tell an adult you trust what animal bit you. 6. Go to the hospital or nursing station immediately. Note: It is important to identify the animal which bit a person so that the nurse or doctor can treat for rabies if necessary. Rabies is a very serious viral infection which can kill both animals and humans. Since the virus is carried in the saliva of rabid animals a person bitten by a rabid animal must be innoculated against the disease immediately. Innoculations are given in the arm or leg and are only as painful as a pinprick.

GRADE 3
TEACHER BACKGROUND INFORMATION

SAFETY AND FIRST AID

GENERAL SAFETY

Injuries, accidents and violence account for approximately 30% of all deaths in the N.W.T. A World Health Organization Report suggests that Canada is the worst country in the industrialized world for accidents among children.

Children are extremely curious and extremely active. They are, therefore, at high risk of accidental injury. However, knowledge of potentially dangerous situations and behaviours, the development of skills such as decision-making and the encouragement of attitudes such as being responsible for one's own actions can contribute to a reduction in, or the prevention of, accidents and injuries.

At the same time, school staff with a basic knowledge of First Aid can respond immediately to an emergency situation, ensuring prompt and appropriate treatment is provided.

St. John Ambulance is a national organization which will provide basic First Aid Training Courses in communities. For more information about St. John Ambulance in the Northwest Territories, contact:

St. John Ambulance
51st Avenue & 51st Street
YELLOWKNIFE
403-873-5658

FIRE SAFETY

Safety Practices to Prevent Fires

Fire prevention involves positive safety practices:

- keep matches out of reach of children;
- children should never play with matches;
- never use gasoline or other flammable liquids to start fires;
- fire extinguishers should be easily available and kept in good working order;
- never leave electrical appliances on and unattended;
- turn pot handles away from the front of the stove;
- keep flammable material (clothes, paper, blankets etc.) away from fires and heaters;
- never smoke in bed.

Fire Drill Procedures

Schools should practise fire drills regularly. Being able to evacuate a building quickly and in an orderly fashion may make the difference between life and death.

When the fire alarm sounds:

- walk to the door in an orderly fashion;
- line up in single file by the door;
- wait for the teacher to say when to leave;
- the teacher should close the door behind him/her;
- walk quickly and quietly behind the leader to the fire exit;
- assemble at the pre-selected point - this should include a nearby building in winter time;
- check that everyone is there;
- stay outside; do not go back into the building, until a responsible adult has determined it is safe to do so.

In the event of evacuating a building in extremely cold temperatures, the Yellowknife Fire Department recommends:

- students should always wear shoes in the classroom - there should be no sock feet;
- grabbing coats and boots on the way out - assuming that they are located in or immediately outside the classroom;
- leaving the building without coats or boots, if they are not close by - e.g. if students are in the gym.

The Fire Department also recommends that schools which are some distance from other buildings which could provide temporary shelter should:

- keep a supply of blankets in the gym or shop;
- where there is a school bus, use it to shelter students.

When a Building is on Fire

There are two basic rules to remember in the event of fire:

- Get out!
- Get help!

The following steps should be followed in the event of discovering a fire or being in a building which is on fire:

- yell 'Fire! Fire!' as loudly as possible;
- touch closed doors. If they are warm or hot, do not open them;
- stay away from smoke. Take another exit or crawl under the smoke;
- go to a safe meeting place outside;
- call the fire department;
- do not go back inside for any reason.

It is important for students to practise this drill. They will be more likely to reach safety, if they have rehearsed the steps to follow.

When Clothes are on Fire

The following steps should be followed, if clothing is on fire:

- STOP: stop immediately;
- DROP: drop to the ground or floor immediately;
- ROLL: roll back and forth on the burning spot until the fire is out;
- COVER: cover your face with your hand;
- COOL: cool burn with cold water immediately.

Making a Fire Plan

Students are encouraged to develop a plan for evacuating different rooms in the school, in the event of a fire. It is also suggested that they can help their families do the same at home. The local fire department may assist with this.

ELECTRICAL SAFETY

Accident prevention around electricity involves the following safety practices:

- keeping all electrical appliances, cords and plugs in good repair;
- using grounded appliances;
- not overloading circuits;
- never using electrical appliances near water;
- covering electrical outlets with special plugs, if there are small children around;
- never poking objects into electrical appliances, when plugged in;
- never poking objects into electrical outlets;
- keeping electrical cords where people will not trip over them.

BICYCLE SAFETY

People who ride bicycles or motorbikes, drive snowmobiles, trucks or cars are all road users, who have to follow the rules of the road.

Accident prevention around bikes involves the following safety practices:

- keeping your bike in good working order;
- learning and observing all road signs;
- using correct hand signals for stopping or turning;
- riding on the right hand side of the road;
- always riding in single file;
- giving way to pedestrians;
- riding on the road, not the sidewalk;
- never carrying other people on the bike, unless it is built for that e.g. a baby carrier, or a tandem;
- always keeping hands on the handlebars, unless signalling;
- using a headlight after dark.

WATER SAFETY

Safe Boating

Accident prevention around boats involves the following safety practices:

- always wearing a lifejacket;
- always carrying safety equipment e.g. paddle and bailer;
- taking extra clothes;
- never standing up in a boat or canoe;
- never overloading the boat;
- never boating alone;

- always checking the weather;
- making sure you tell someone where you are going and when you will be back;
- never drinking alcohol when driving a boat;
- if the boat capsizes, staying with the boat.

Safe Swimming

Accident prevention when swimming involves the following safety practices:

- never swimming alone;
- not fooling around in or near water;
- never swimming in unknown waters;
- children should swim, only if there is an adult around;
- never swimming while intoxicated;
- never swimming if the water is really cold;
- staying in the designated swimming area, if in a controlled situation;
- obeying all warning signs.

ICE SAFETY

Accident prevention in winter time involves the following safety practices around ice:

- checking with an adult before playing on ice;
- keeping off ice in Spring and Fall, when it is thawing;
- being cautious around dark or unknown patches of ice;
- staying away from ice, where there may be strong currents e.g. a river;
- staying away from open water;
- carrying a long pole when on ice.

ANIMAL SAFETY

Accident prevention around animals involves the following safety practices:

- never trying to pet or pick up a wild animal;
- never picking up a dog's bone;
- never trying to break up a dog fight, even if it is your own dog;
- never playing at the dump;
- making noises when picking berries so that animals will hear you;
- never leaving garbage around your campsite or outside your house;
- if a strange dog comes up to you, stand still; keep your hands down; let the dog sniff you; talk to it in a quiet, calm voice; walk away slowly;
- if you are bitten by an animal, go to the Community Health Centre.

COLD WEATHER SAFETY

Accident prevention in winter involves the following safety practices:

- wearing a hat to prevent heat loss;
- wearing warm mitts or gloves to prevent frostbite;
- wearing a scarf in extremely cold temperatures;
- wearing layers of clothes;
- taking extra clothes, if going out of the community;
- wearing loose clothes - tight clothes are not warm;
- checking with an adult before playing outside;
- playing with someone else and checking each other for frostbite;

- wearing warm boots when it is extremely cold;
- keeping dry.

Hypothermia Prevention

Many people think hypothermia affects the body only in winter time; in fact, it can occur at any time of the year. It often occurs in the north in summertime, largely because of the cold temperatures of northern waters. On land, hypothermia occurs most frequently at mild temperatures, especially when it is wet or windy.

Hypothermia can be prevented by observing the following safety practices:

- carrying extra clothes in waterproof bags;
- staying dry, if possible;
- wearing a hat to protect the head from heat loss;
- not eating snow; it lowers your body temperature;
- not drinking alcohol; it also lowers your body temperature and makes you less sensitive to cold;
- taking materials or being sure materials are available for an emergency shelter.

First Aid

See attached sheets.

Frostbite

Frostbite is the most common injury in cold weather.

Signs and Symptoms

- the skin turns white, yellowish-white or purple - purple is usually a sign of severe frostbite;
- the area feels numb;
- the area becomes cold and insensitive to touch.

Treatment

If someone is suffering from frostbite, the following steps should be followed:

- Go to a warm place, as soon as possible;
- Use body heat to thaw the frostbite e.g. fingers - put hands under armpits;
- Rub the affected area very gently with a warm hand;
- Do not rub the area with snow;
- Put extra clothes on the affected part;
- Once inside, give the person something warm to drink - NOT alcohol;
- Immerse the frostbitten part of the body in WARM, NOT HOT, water;
- Wrap the person in blankets;
- Contact a nurse or doctor immediately.

Hypothermia

Hypothermia occurs when the body becomes chilled over a long period of time. It is caused by exposure to cold. It is even worse when accompanied by winds, dampness or exhaustion.

Signs and Symptoms

- violent fits of shivering;
- shivers will stop;
- numb feeling;
- cannot walk properly; stumbles around;
- feels drowsy;
- does not realize s/he has these symptoms;

- eventually collapses;
- leads to death.

Treatment

If a person is suffering from hypothermia, the following steps should be taken:

- warm the person slowly;
- if possible, take him to a dry, sheltered place;
- if possible, remove his/her wet clothes;
- give him/her something warm to drink (not alcohol);
- if possible, give the person a warm bath;
- get into a sleeping bag with the person - this provides a source of body heat;
- contact a nurse or doctor.

FIREARM SAFETY

Firearms are a part of many people's daily lives in the Northwest Territories, and will undoubtedly continue to be. Children are exposed to them from a very early age, both through day to day living and various media. Many firearm accidents have involved young people (approximately 50% of firearm accidents involve children 15 years and younger).

Children need to learn awareness and safety related to firearms and ammunition, as well as positive and responsible behaviours around firearms. It is not intended to scare children, but rather to stress caution and personal responsibility.

Children should understand

i) that firearms are dangerous - they are not toys

ii) that mishandling a gun can cause injury or death

iii) the rules of firearm safety, and

iv) preventive behaviours around firearms.

enerally, young children should learn not to touch firearms. Under anadian law, it is illegal for someone under 14 years of age to handle uns on their own. However, because hunting is a traditional way of life the N.W.T., there may occasionally be situations where children need know proper handling and storage of guns. Proper handling and torage are preventive behaviours related to firearm safety; teaching ese does not assume that children should be handling guns on their wn.

reventive Behaviours Related to Firearm Safety

1. Young children should not touch firearms.
2. Older children may handle firearms in certain situations, but with adult supervision.
3. Always stand behind and away from the person with the firearm.
4. Know the rules of proper handling and storage of firearms and ammunition.
5. Treat every gun as if it were loaded.

Firearm Safety Rules

1. Treat every firearm as if it were loaded.
2. Always control the muzzle of your firearm.
3. Be sure of your target and beyond.
4. Never shoot at a flat, hard surface, or at water.
5. Never point a firearm at anything you do not want to shoot.
6. Never run, climb or jump with a loaded firearm.
7. Store firearms and ammunition separately.
8. Be sure your firearm is clear of all obstructions.
9. Unload firearms when not in use.
10. Tell an adult if you find a gun lying around.

Proper Storage of Firearms and Ammunition

Firearms and ammunition should be stored:

- separately.
- out of easy reach.
- in a secured, dry place.
- in cold weather hunting, it is better to leave firearms in a secure cold place, rather than allow condensation which may cause freezing and firearm failure. (relate comparison of cold eyeglasses fogging up)
- in leather or cloth cases; plastic cases will cause rusting.

Adapted from the Firearm Awareness Program, Department of Renewable Resources.

'First Aid for Teachers'

The following pages have been reprinted with permission from 'First Aid for Teachers' from the Canadian Red Cross Society.

First Aid

First aid is the immediate assistance provided to a person in physical distress to maintain vital functions until medical attention can be obtained. Do not give medical aid which you have not been trained to deliver.

First Aid Objectives

1. Save a life.
2. Prevent further injury.

First Aid Priorities

1. **Dangers**
   Do not move an injured child unless the child is in danger where he is. Only move the child if you cannot eliminate the danger. Protect yourself.
2. **Ambulance**
   If the child appears to be unconscious, bleeding severely, or is having difficulty breathing, shout for help. Send an adult or older child for an ambulance. Tell them to give the following information:
   - Where the accident is.
   - What's wrong.

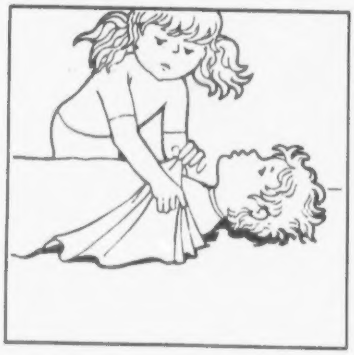
   Tell them not to hang up until told to do so.
3. **A.**
   Airway
   Squeeze and shout. Open airway.
4. **B.**
   Breathing
   Check for breathing. If the child is not breathing, begin **Rescue Breathing.**
5. **C.**
   Circulation
   Check for serious bleeding (i.e. arterial bleeding). Begin first aid for serious **Bleeding.**
6. **Shock**
   Give first aid for shock to every injured student.
7. **Assessment**
   Check for injuries other than ABC problems. Send someone to call an ambulance if needed.

Care for Shock

What to look for:

The child may
- appear pale, grey or mottled
- have cold, clammy skin
- feel weak
- have irregular breathing
- appear anxious or apathetic
- feel nauseous or thirsty

CAUTION: Many injured children experience shock, sometimes immediately, sometimes hours after an accident. **Shock can cause death.** As a preventive measure **always** give care for shock to an injured child.



1. If the child is conscious, keep him lying down.
2. Elevate the child's legs 20 cm (8") unless you suspect a broken bone or back injury.
3. Maintain normal body temperature. In most instances you will need to cover the child to keep him warm. If there are no neck or back injuries or broken bones suspected, place a blanket under the child.
4. Comfort and reassure the child.
5. Encourage regular full breaths.
6. Continuously check that the child is conscious and breathing. Check wound sites to ensure that bleeding has not resumed.
7. If the child becomes unconscious treat for **Unconsciousness.** If the child stops breathing give **Rescue Breathing.**
8. Elevate the child's head and shoulders if breathing is difficult unless you suspect head, neck or back injuries.

CAUTION: Do not give food or fluids. Severely injured children may require surgery.

Note: Shock is oxygen deprivation in the brain and other vital organs. It is caused by a serious reduction in blood pressure and/or volume. Blood volume and pressure can be reduced by many factors, including heavy loss of blood, loss of fluid as a result of burns, and the body's response to pain or fear.

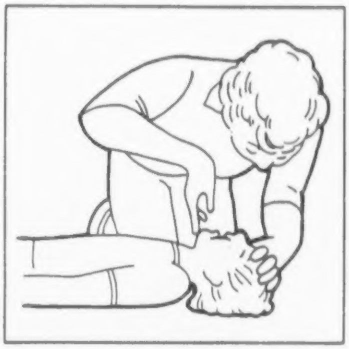
Rescue Breathing

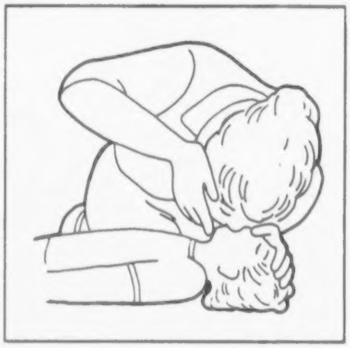
If a child appears to be unconscious:

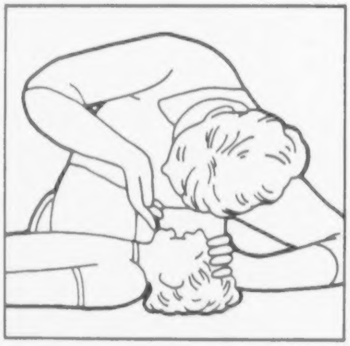
1. Squeeze the child's shoulders and shout, "Are you OK?" If no response, shout for help and send someone to call an ambulance.

CAUTION: If you suspect a neck, head or back injury, do not tilt the head. Gently lift the chin without moving the neck or pressing on the forehead. Tilt the head only if you cannot inflate the chest.

2. Tilt the head to open the airway. Lift the chin with one hand and push down on the forehead at the same time with the other.
3. Check for breathing. Place your cheek near the child's nose and mouth. Listen and feel for air. Look for movement of the chest.
4. If the child is breathing, care for **Unconsciousness.**
5. If the child is not breathing, pinch the nostrils closed. Use the thumb and forefinger of the hand that is on the child's forehead.
6. Seal your mouth tightly around the child's mouth. Blow in two slow breaths of air. Take your mouth away after each breath.
7. Release the nostrils. Look for movement of the chest.
8. If the chest has not moved, make sure the head is tilted enough. Pinch the nostrils closed, blow in two breaths, and watch for movement of the chest.
9. If the chest still does not move, care for **Choking: Unconscious** steps 5-7.
10. Give one breath every 4-5 seconds until the ambulance arrives or the child starts breathing again.





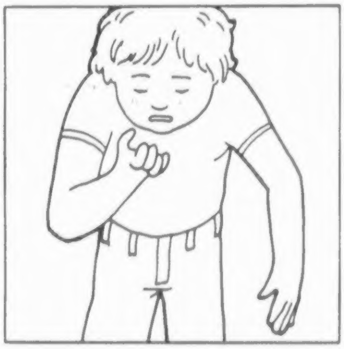


11. Care for **Shock.**

Note: If the child vomits during Rescue Breathing, roll him on his side, clean out the mouth, then resume Rescue Breathing.

Choking:

Conscious



If the child can breathe, speak or cough forcefully;

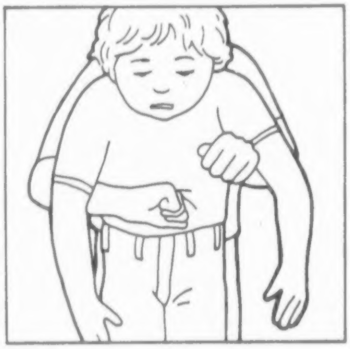
1. Encourage the child to bend forward and cough up the foreign object.
2. Do not slap the child on the back. Stay with him and monitor breathing.

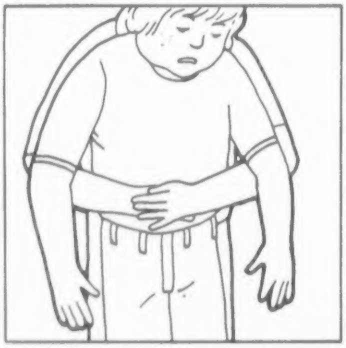
If the child cannot breathe, cough or talk, turns blue, or is making a high-pitched noise:

3. Shout for help and send someone to call an ambulance.
4. Stand behind the child and place your arms around his waist.
5. Make a tight fist. Place it just above the navel, thumb against the abdomen.
6. Place your other hand over the fist.
7. Press your fist into the abdomen with quick upward thrusts.
   (Heimlich Manoeuvre)

CAUTION: Adjust the force of the thrust to the size of the child. Use less force for a smaller child.

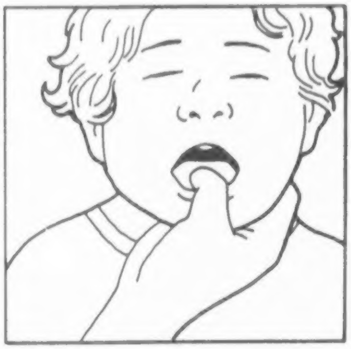
8. Continue the thrusts until the object has been expelled, or the child becomes unconscious. Treat for **Choking: Unconscious.**
9. After the object is expelled, seek medical attention immediately.
10. Care for **Shock.**

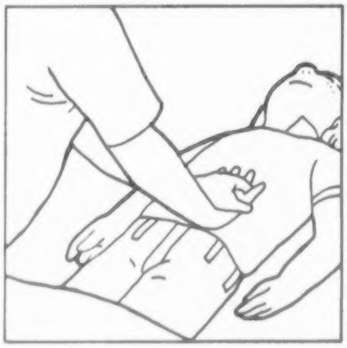




Choking:
Unconscious

If a child is choking and becomes unconscious:





1. Ensure an ambulance has been called.
2. Roll the child onto his back.
3. Check the mouth. Grasp the tongue and lower jaw. If you can see the object, remove it, taking care not to push it in further.
4. Try to blow in two slow breaths of air. If air enters, give **Rescue Breathing.**
5. If the breath does not go in, place the heel of your hand in the middle of the child's abdomen, below the rib cage, just above the navel. Place the other hand on top.
6. Press into the abdomen using quick upward thrusts with increasing force. Repeat 6-10 times. (Heimlich Manoeuvre)

CAUTION: Adjust the force of the thrust to the size of the child. Use less force for a smaller child.

7. Repeat steps 3-6 until the object is expelled.
8. When the object is expelled, refer to **Rescue Breathing.**

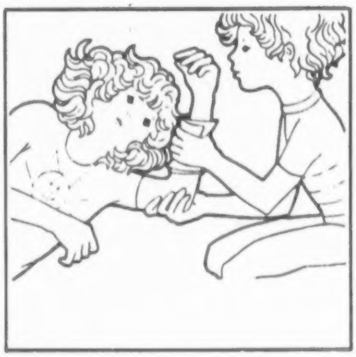
Bleeding

Cuts and Wounds

1. Apply direct pressure to the cut with a clean cloth. If nothing clean is available, use your hand with the fingers flat.
2. Elevate a bleeding limb higher than the heart, unless you suspect a broken bone.
3. For all severe bleeding, shout for help. Send someone to call an ambulance immediately.
4. Have the child lie down and keep still.
5. If the cloth soaks through, **do not remove it.** Apply a second cloth on top.
6. Tie the cloth in place with a bandage. Never tie a bandage to the neck. Maintain pressure with your hand over the wound.

After the bleeding has stopped:

7. Immobilize an injured limb if transporting the child is absolutely necessary.
8. Check circulation frequently. If the area below the wound is cold or blue, the bandage is too tight.
9. Care for **Shock.**
10. Seek medical attention.



Nose Bleeds

1. Have the child sit down.
2. Tilt the child's head forward slightly.
3. Pinch the nose firmly.
4. Hold firmly for 10 full minutes without checking.
5. If bleeding continues, seek medical attention.

Scrapes

1. Clean the scraped area by flushing it with running water.
2. Gently wash the area around the wound with soap and water.
3. Blot dry with a sterile gauze dressing.
4. Cover with a sterile non-stick dressing.

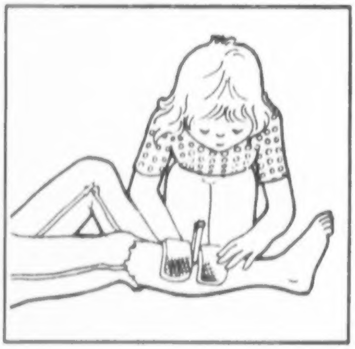
Note: Seek medical attention if the scrape is over a large area or if it becomes infected. If infected, it will be red around the scrape and sore to the touch.

Impaled Objects

CAUTION: Do not remove an impaled object, as severe bleeding and increased damage may result.

1. Cut clothing away from the wound site.
2. Stabilize the object and control bleeding by applying bulky dressings around it.
3. Hold the dressings in place with bandages.
4. Seek medical attention immediately.
5. Care for **Shock.**

Note: If an object appears to have punctured the chest wall, seal the wound with a piece of plastic or your hand. Place the child in semi-prone position, injured side down. Monitor airway and breathing constantly.

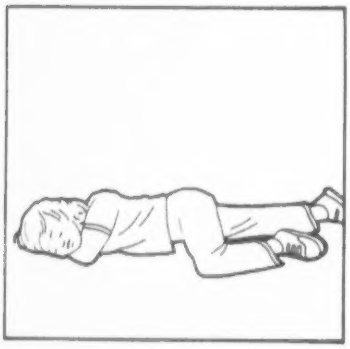


Internal Bleeding

What to look for:
Suspect internal bleeding if the child has received a severe blow to the chest, back or abdomen. One or more of these signs may be evident:

- pain over the injured spot
- bright foamy blood coughed up
- vomit that is red in colour
- bleeding from any body opening
- feeling of faintness
- swelling
- air hunger (yawning or gasping)
- severe thirst

CAUTION: Do not elevate the feet. Do not give the child anything to drink. Do not move a child who may have a head or neck injury, unless breathing is a problem.



1. Place the child in the semi-prone position.
2. Send someone to call an ambulance.
3. Care for **Shock.**

Unconsciousness

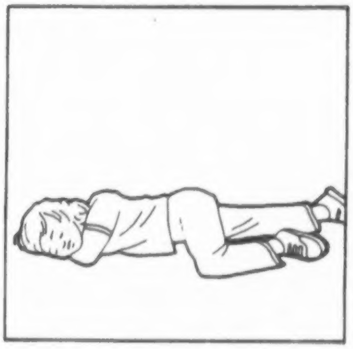
If a child appears to be unconscious:

CAUTION: Do not move the child if a neck or back injury is suspected.

1. Squeeze the child's shoulders and shout "Are you OK?" If no response, shout for help and send someone to call an ambulance. If the child is not breathing, give **Rescue Breathing.**
2. If the child is breathing, and you do not suspect a neck or back injury, place the child in the semi-prone position. Watch the mouth for blood or fluids. Clear with a cloth.
3. If you suspect a neck or back injury, do not move the child.

   Check for blood, fluids or noisy breathing. If there is none, do not move the child. **Listen and watch for fluids constantly** until the ambulance arrives.

   If you hear gurgling, or noisy breathing, or see fluid, roll the child into the semi-prone position immediately. Turn the body as a unit. Avoid twisting the neck. Ask other adults to assist you. Clear the mouth with a cloth.



4. Constantly check breathing. If it stops, give **Rescue Breathing.**
5. Check for a Medic Alert bracelet or necklace.
6. Care for **Shock.**

Fainting

What to look for:

Fainting may be preceded by

- paleness
- sweating
- dizziness
- nausea

1. If you think that the child is about to faint, have him lie down and elevate his feet 20 cm (8″).
2. Loosen tight clothing.
3. If the child becomes unconscious, open the airway.
4. Check for breathing. Place your cheek near the child's nose and mouth. Listen and feel for air. Look for movement of the chest. If not breathing give **Rescue Breathing.**
5. If the child is breathing, or when he resumes breathing, place him in the semi-prone position.
6. Check for a medic alert bracelet or necklace.
7. If there is no recovery in 3 minutes, the problem is more serious than fainting. Send someone to call an ambulance immediately.
8. Care for **Shock.**

Diabetes

What to look for:

A diabetic child who has taken too much insulin, missed a meal, or exercised too much may show any of the following:

- moist, ashen or pale skin
- cold sweat
- hunger
- shallow breathing
- confusion
- shaking
- dizziness.

CAUTION: If this condition is not handled immediately, the child may become unconscious.

If the child is conscious:

1. Give the child a glass of juice, candy or any other sugar.
2. Seek medical attention immediately.
3. Care for **Shock.**

If the child is unconscious:

1. Place the child in the semi-prone position.
2. Send someone for an ambulance immediately.
3. Place a **small** pinch of sugar under her tongue. Repeat when the sugar has dissolved. Do not give the child anything to drink.
4. Care for **Shock.**

Spinal and Head Injuries

What to look for:
One or more of these signs may be evident if there is a spinal injury.

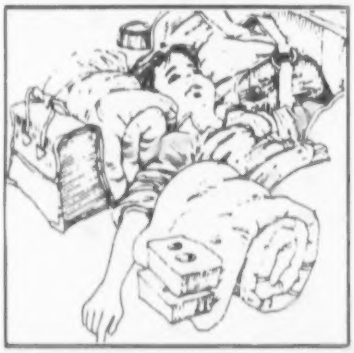
- loss of motion or sensation below the injury
- pain at the site of the injury
- light muscle flinching
- "pins and needles" sensation below the site of the injury
- confusion
- loss of coordination

What to look for:
A child with a head injury may show any of the following:

- headache
- dizziness, or disorientation
- nausea or vomiting
- drowsiness
- loss of consciousness
- bleeding or clear fluid from ear or nose

A fall of 15 cm (6") onto a hard surface is sufficient to cause a head injury. Seek medical attention immediately. A head injury is often more severe than it may seem.

CAUTION: Any head injury may mean the child has a spinal injury. Unless the child's life is in danger, **do not move the child.**

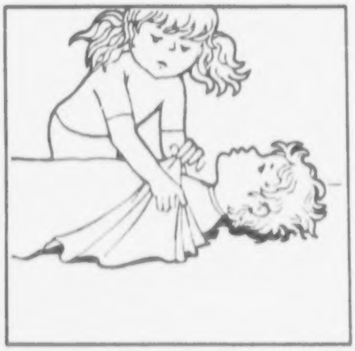


1. Check for consciousness without moving the child. Squeeze the child's shoulders, and shout, "Are you OK?" If no response, shout for help and send someone for an ambulance.
2. Check for breathing. Place your cheek near the child's nose and mouth. Listen and feel for air. Look for movement of the chest.
3. If the child is not breathing, give **Rescue Breathing.**
4. If the child is breathing and unconscious, treat for **Unconsciousness.**
5. If conscious: If you suspect a spinal injury, immobilize the head in the position you found the child. Use towels or clothing and hold them in place with rocks or bricks.
6. Care for **Shock.**

Seizures

1. Protect the child's head and limbs from injury by removing objects nearby. Place soft articles such as pillows between the child's head and immovable objects such as walls and heavy furniture.
2. Do not interfere with the child's movements.
3. Do not put objects between the teeth.
4. After the seizure, if the child is unconscious or sleepy, place him in the semi-prone position.
5. Care for **Shock.**

Broken Bones



Caution: Do not move a broken bone. Call an ambulance; the attendants will splint the bone.

What to look for:
The presence of only one of these signs is sufficient to call an ambulance:
- severe pain or tenderness to the touch
- distortion of a limb
- loss of circulation in a limb (toes/fingers are white or blue)
- loss of feeling in a limb (Can the child feel a squeeze of the fingers/toes?)
- swelling and discoloration
- child reports having heard a cracking sound

1. Encourage the child not to move.
2. Immobilize the broken limb where the child is lying. Use towels or blankets to stabilize the limb.
3. Call an ambulance.
4. Care for **Shock.**

Note: Treatment for dislocations is the same as for broken bones.

Bleeding (Compound fracture)

1. Gently place a cloth over the wound. Use a sterile dressing or clean cloth.
2. Apply pressure around but not on the wound. Pressure should be sufficient to control the bleeding without moving the broken bone.
3. Do not elevate the limb.
4. If bleeding is not controlled, apply a second bandage over the first.
5. Call an ambulance immediately.
6. Care for **Shock.**

Sprains & Strains

What to look for:

A **sprain** is an injury to a joint. The child may have:
- swelling
- pain
- discoloration
- loss of movement

A **strain** is an injury caused by overstretching the muscles. The child may have:
- pain
- swelling

1. Encourage the child not to move.
2. If you suspect a sprain, do not move the child unless necessary. The injury could involve a broken bone.
3. Apply cold to the injured area. Do not allow ice to touch the skin. Wrap the ice in a towel or cloth.
4. Seek medical attention.
5. Care for **Shock.**

Poison

Swallowed — Conscious Child

What to look for:
If a chemical has been swallowed, the child may have the following:

- burning sensation in the mouth, throat, stomach
- cramps, gagging, diarrhoea.

If a plant or drug has been swallowed, the child may have the following:

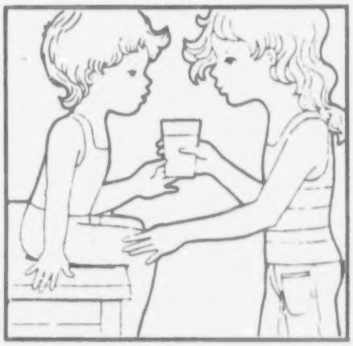
- vomiting, convulsions
- drowsiness, slurred speech
- lack of coordination
- dizziness

1. Identify the poison.

2a. **Drugs and medicine:** Do **not** give the child liquids. Call the Poison Control Centre for instructions.

2b. **All other poisons:** First give the child half a glass of water, then immediately call the Poison Control Centre for instructions. If Poison Control is not listed in your phone book, call your hospital or doctor.

3. Care for **Shock.**



Note: Store in your first aid kit two or more 50 ml bottles of Syrup of Ipecac to induce vomiting. Use only when instructed by the Poison Control Centre. If the child is transported to a medical facility, send the poison (container, plant, etc.) and a sample of any vomit with the child to the hospital.

Swallowed — Unconscious Child

What to look for:
If a chemical has been swallowed, the child may

- have burns on or in the mouth
- not be breathing
- be unconscious

If a plant or drugs have been swallowed, the child may

- vomit
- be unconscious
- not be breathing
- have convulsions

CAUTION: Never attempt to make an unconscious child vomit.

1. Squeeze the child's shoulders and shout, "Are you OK?" If no response, shout for help and send someone for an ambulance. If not breathing, give **Rescue Breathing.**
2. If the child is breathing, place in the semi-prone position and treat for **Unconsciousness.**
3. Care for **Shock.**

Note: If the child is to be transported to a medical facility, send the poison (container, plant, etc.) and a sample of any vomit with the child to the hospital.

Poison

On the Skin

What to look for:

The child who has come into contact with chemicals or a poisonous plant will have any of the following:

- burning, itching, swelling, blisters
- headache, fever.

1. Remove chemically contaminated clothing. Be careful not to contaminate yourself.
2. Flush the skin with cool water for at least 10 minutes. Be careful to avoid getting any of the chemical into the child's eyes.
3. Do not break blisters.
4. Identify the poison.
5. Call the Poison Control Centre for advice.
6. Care for **Shock.**

Inhaled

What to look for:

The child may have any of the following:

- irritated eyes, nose, throat
- coughing, shortness of breath, dizziness
- vomiting, convulsions
- bluish colour around the mouth
- unconsciousness

1. Take the child to fresh air. Protect yourself from the gases.
2. Squeeze the child's shoulders and shout, "Are you OK?" If no response, shout for help and send someone for an ambulance. If child is not breathing give **Rescue Breathing.**
3. If the child is unconscious and breathing: place in semi-prone position and treat for **Unconsciousness.**
4. If the child is conscious, call the Poison Control Centre for advice.
5. Care for **Shock.**

Burns

Heat Burns

CAUTION: Clothes may stick to the skin. Do not remove them. Do not break blisters. Never use greasy ointments, butter, lotions or creams.

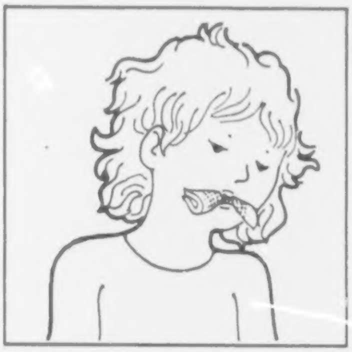
1. Immerse the burned area in cold water for at least 5 minutes and as long as the pain lasts. Do not use ice.
2. Cover the burn with a sterile, non-stick dressing.
3. Serious burns require immediate medical attention. These include red burns 5 cm (2") or more in diameter and all burns which are blistered, white or black.
4. Care for **Shock.**

Chemical Burns

CAUTION: If the chemical is a powder, brush off as much as possible with a clean cloth before flushing with water.

1. Remove contaminated clothing.
2. Flush the skin with large amounts of cold water for 15 minutes. Use a shower or hose for large body areas.
3. Cover the burned area with a sterile cloth.
4. Seek medical attention immediately.
5. Care for **Shock.**

Teeth



If a tooth is knocked out or broken:

1. Tilt the child's head forward to prevent choking on blood.
2. Use direct pressure on mouth wounds. Use a piece of gauze or clean cloth over the socket. Have the child bite down to hold the dressing in place.
3. Collect knocked-out or broken teeth. If soiled, place them in a moist cloth and keep them warm in the palm of your hand. If the child is old enough, place clean teeth between the gum and the cheek. Have the child bite down to avoid swallowing the teeth.
4. Seek **dental** attention immediately to have the tooth re-implanted.
5. Care for **Shock.**

Eyes

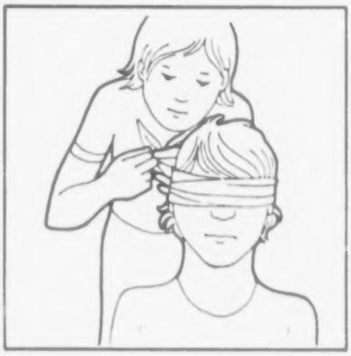
Foreign Object Embedded in the Eye

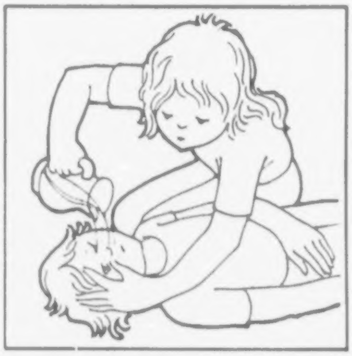
1. Instruct the child not to rub the injured eye.
2. Do not remove a foreign object.
3. Do not remove contact lenses.
4. Cover both eyes to reduce eye movement. Use a loose bandage to avoid pressing foreign objects against the eye.
5. Seek medical attention immediately.
6. Care for **Shock.**

Chemical in the Eye

CAUTION: Do not wash the chemical into the uninjured eye.

1. Flush the eye thoroughly with lukewarm water for at least 15 minutes.
2. Cover both eyes to reduce eye movement.
3. Seek medical attention immediately.
4. Care for **Shock.**





Bites and Stings

Insects

CAUTION: Most insect bites, although painful and uncomfortable, are harmless. However, if a child shows signs of breathing difficulty, call an ambulance immediately. If a bee or wasp sting causes a reaction, find out if the child is carrying a "sting kit", and help him use it.

1. Wash the affected area. Remove the stinger by gently scraping the skin with a knife. Do not use tweezers as squeezing the stinger may inject more poison.
2. Apply a cold compress to the bite area to control swelling. Calamine or other lotion may be used to relieve itching.
3. Care for **Shock.**

FIRST AID KITS

Field Trips

When making arrangements to take a group of students on a short field trip, plan to take along a first aid kit which includes **at least** the following items. Use a checklist to ensure that you have not forgotten any item.

2 Triangular bandages ☐
2 Small wound dressings ☐
2 Medium wound dressings ☐
10 Non adherent wound dressings ☐
2 3-cm Gauze rolls ☐
2 5-cm Gauze rolls ☐
1 Tape roll ☐
20 Alcohol wipes ________ ☐
________________ ☐
________________ ☐
________________ ☐

40 Bandage strips ☐
1 Tweezers ☐
Mild antiseptic ☐
2 Elastic roller bandages ☐
20 Safety pins ☐
1 Scissors ☐
Red Cross First Aid reference manual ☐
________________ ☐
________________ ☐
________________ ☐
________________ ☐

Wilderness Trips

To protect your students on a wilderness day trip, during the summer months, include **at least** the following items in your first aid pack. Use a checklist to ensure that you have not forgotten any item.

2 Triangular bandages ☐
2 Small wound dressings ☐
2 Medium wound dressings ☐
10 Non-adherent dressings ☐
4 3-cm Gauze rolls ☐
4 5-cm Gauze rolls ☐
1 Tape roll ☐
1 Scissors ☐
20 Alcohol wipes ☐
40 Bandage strips ☐
Mild antiseptic ☐
2 Elastic roller bandages ☐
10 Safety pins ☐
Coins (emergency phone calls) ☐
Salt tablets ☐
Needle and thread ☐
Waterproof, windproof matches ☐
________________ ☐
________________ ☐
________________ ☐

1 Knife ☐
1 Flashlight ☐
1 Whistle ☐
1 Blanket or sleeping bag ☐
2 Splints ☐
10 Splint ties ☐
Burn cream ☐
Halazone tablets ☐
Hard candies ☐
Sun screen ☐
Insect repellent ☐
Moleskin ☐
Pencil and paper (messages) ☐
Soap ☐
Lip balm ☐
2 Instant cold packs ☐
Red Cross First Aid reference manual ☐
________________ ☐
________________ ☐
________________ ☐

Always be prepared for an emergency situation! For mountain trips, make sure every student has sufficient clothing to handle extreme changes in weather.

ACCIDENT REPORTING

All school districts require that an accident report be completed for every student who has been involved in a school-related accident. For the most part, copies of the report are filed at the School District Office and at the particular school where the accident occurred.

Although the format of the accident report as well as the reporting/filing procedures will vary from school district to school district, the information required is usually the same.

Accident reports should be designed to record **at least** the following information:

Name, age, address and **telephone number** of the injured student;

Date and **time** of the accident;

Details of the accident (location, circumstances and number of people involved);

Nature of the injury (part of body and severity of injury);

First aid administered to the student at the time of the accident;

Names of witnesses;

Name of person delivering first aid;

Attending physician or **admitting hospital**;

Name of supervisory teacher.

In addition to the legal requirements of accident reporting, schools can benefit tremendously from maintaining accurate accident records. From them can be secured the following:

Data: Such information can be used in the future to classify the types and severity of accidents occurring in a particular school.

Guidance: Students, teachers and parents can all learn from real experience ways to avoid accidents in the future; safety materials for students can be devised directly from the data recorded.

Evaluation: Safety precautions currently in effect can be frequently re-evaluated to maintain a safe environment for students at all times.

Support: With the data secured from accident reports, schools are in a much better position to receive such items as better gym apparatus, safer playground equipment, needed sidewalks or crosswalks and better lighting.

GRADE THREE

ALCOHOL AND OTHER DRUGS

ALCOHOL AND OTHER DRUGS

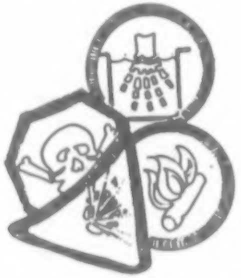
GRADE 3　　　LESSON: 1　　　THEME: SAFETY

CONCEPT: MANY SUBSTANCES ARE POTENTIALLY UNSAFE AND HAVE WARNING SIGNS

PREPARATION:

1. A copy of the Hazard Warning Signs (Activity Sheets AD 38A, 38B, 38C, 38D)
2. A copy of Containers With Hazard Warning Signs (AD 40A to AD 40E) supplemented by cutouts from magazines and labels showing various hazard warning signs
3. Prepare a class set of the "Missing Pictures" worksheet for each student in your class (Activity Sheet AD 41)
4. Make an enlarged version of Missing Pictures (Activity Sheet AD 41) using Hazard Warning Words (Activity Sheet AD 39)

VOCABULARY: poisonous, explosive, flammable, corrosive, hazard, warning

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) identify the hazard warning signs	Students: 1. Tell the meaning of each hazard warning sign.	Background Information: Page AD 97 to 105 This is a review of Grade 2, Lesson 1. Refer to Activity Sheets AD 38A, 38B, 38C, 38D. Refer to Activity Sheets AD 39A to AD 39E or use real containers. 

OBJECTIVES

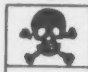
ii) recognize the vocabulary associated with each sign

STUDENT ACTIVITIES

2. Read the words associated with each hazard warning sign.

TEACHER NOTES

Review the hazard warning signs with the students by developing the following experience chart.

Sign	Name	What It Means	Examples	Rule
	Poison	It is not safe to taste.	Antifreeze	Don't taste.
	Corrosive	It can burn the skin.	Paint Remover Javex	Don't touch.
	Flammable	It can catch on fire.	Gasoline	Keep it away from heat or flames.
	Explosive	It could blow up.	Spray cans (Muskol)	Keep it away from heat or flames. Do not punch a hole in it.

Keep this chart for use in Lesson 3.

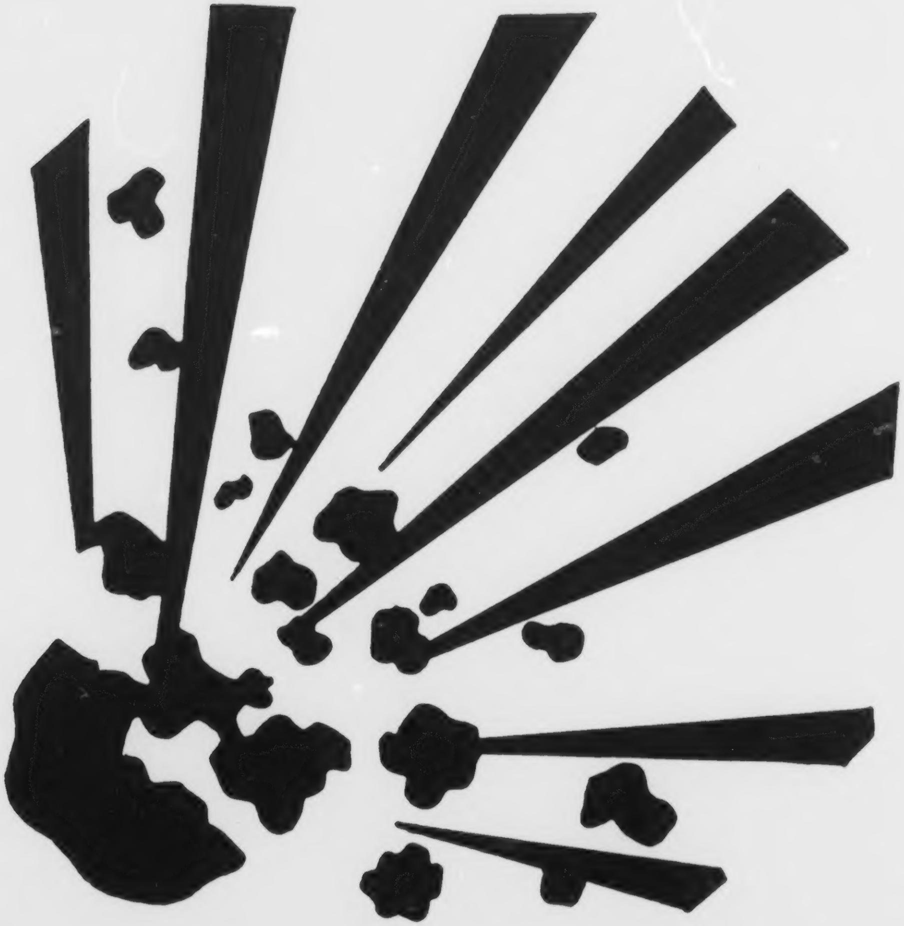
Refer to Activity Sheet AD 39.

Using the large, teacher made Missing Pictures chart, ask students to read each word on the chart, and then match the correct hazard warning symbol to each.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	3. Match pictures to the correct hazard warning word.	Refer to Activity Sheets AD 40A to AD 40E. Using the pictures from the activity sheets as well as magazine pictures and labels, match these to the correct word on the large chart. This will make a sort of collage.
	4. Complete Missing Pictures worksheet.	Refer to Activity Sheet AD 41.

HAZARD WARNING SIGNS

AD 38A

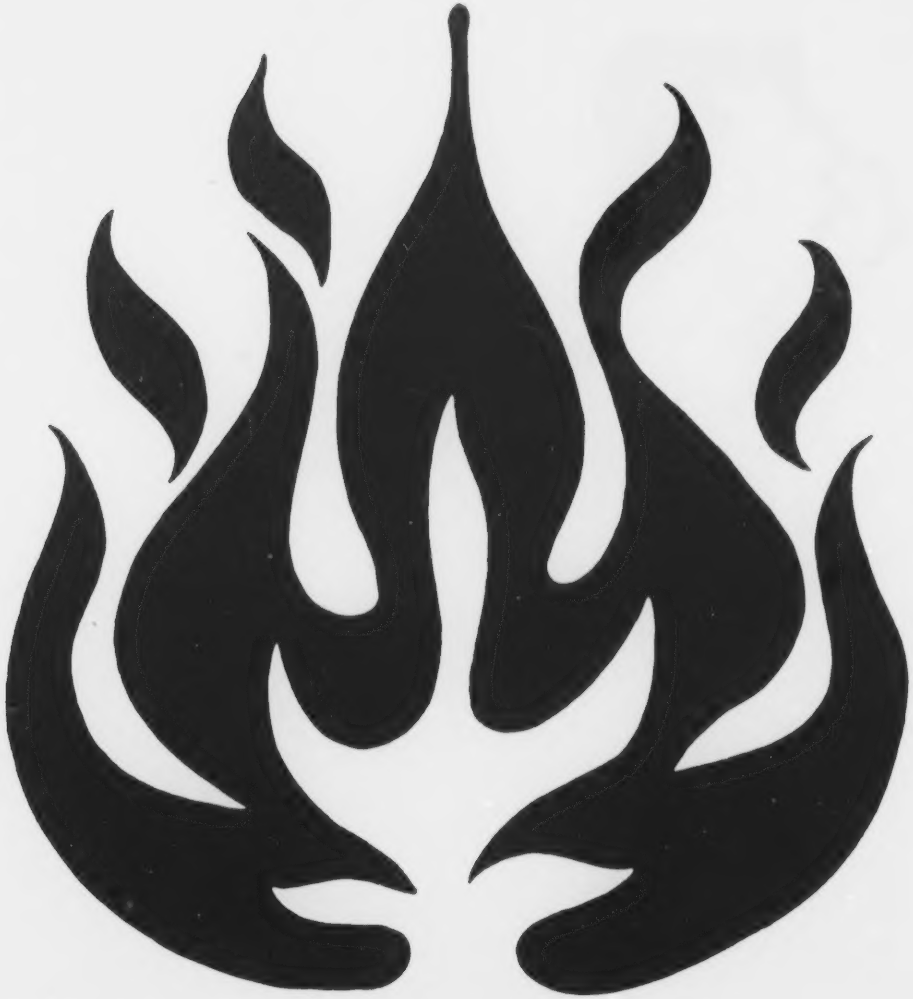


577

578

HAZARD WARNING SIGNS

AD 38B



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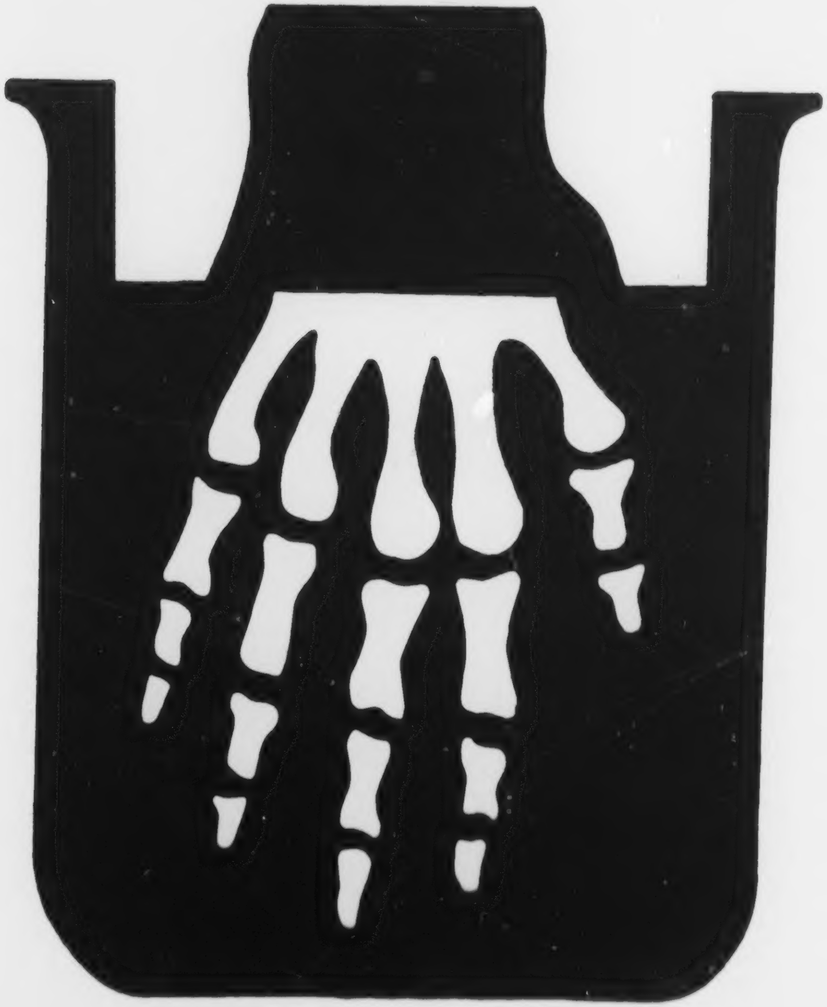
579

HAZARD WARNING SIGNS

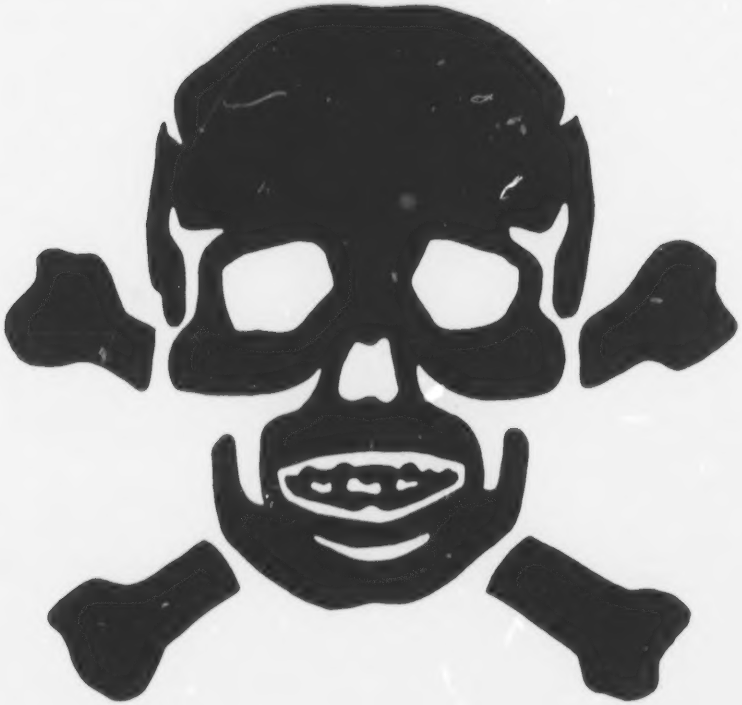
AD 38C



5S1

5S2

HAZARD WARNING SIGNS



583

584

HAZARD WARNING WORDS

CORROSIVE

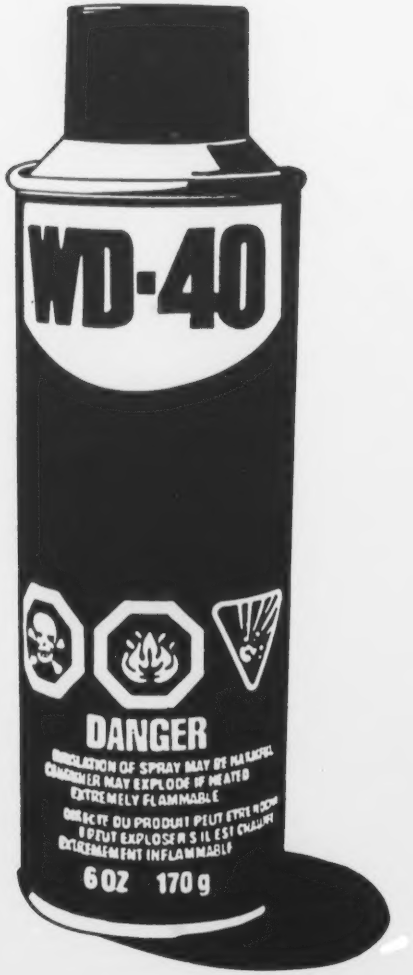
POISON

EXPLOSIVE

FLAMMABLE

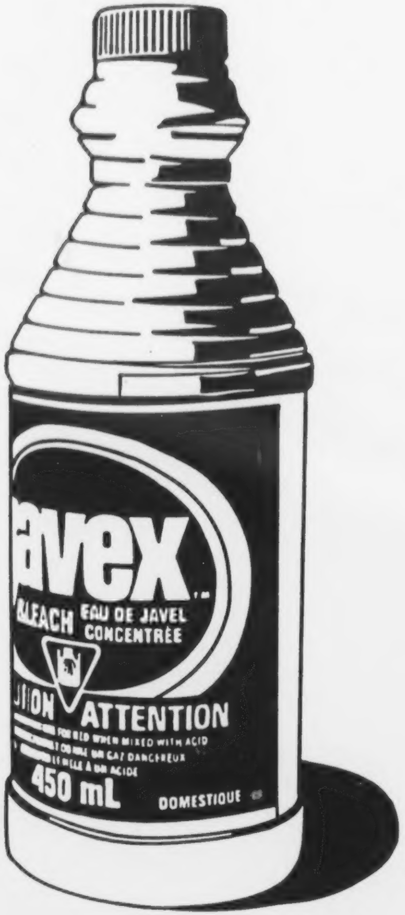
CONTAINERS WITH HAZARD WARNING SIGNS

AD 40A


WD-40
DANGER
INHALATION OF SPRAY MAY BE HARMFUL
CONTAINER MAY EXPLODE IF HEATED
EXTREMELY FLAMMABLE
OBJECTIF OU PRODUIT PEUT ETRE NOCIF
PEUT EXPLOSER S IL EST CHAUFFE
EXTREMEMENT INFLAMMABLE
6 OZ 170 g

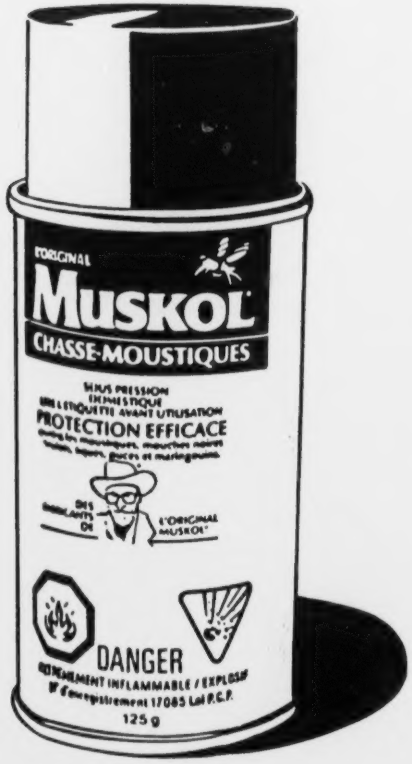
CONTAINERS WITH HAZARD WARNING SIGNS

AD 40B


avex
BLEACH
EAU DE JAVEL CONCENTRÉE
TION
ATTENTION
450 mL
DOMESTIQUE

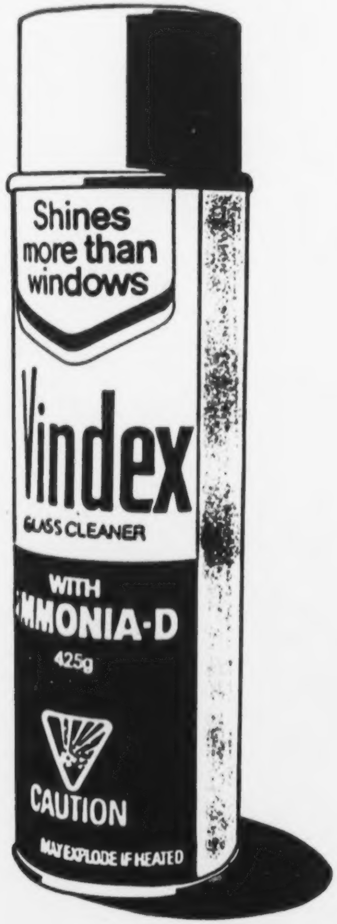
CONTAINERS WITH HAZARD WARNING SIGNS

AD 40C


L'ORIGINAL
MUSKOL
CHASSE-MOUSTIQUES
SOUS PRESSION
DOMESTIQUE
PROTECTION EFFICACE
L'ORIGINAL MUSKOL
DANGER
INFLAMMABLE / EXPLOSIF
17085 Loi P.C.P.
125 g

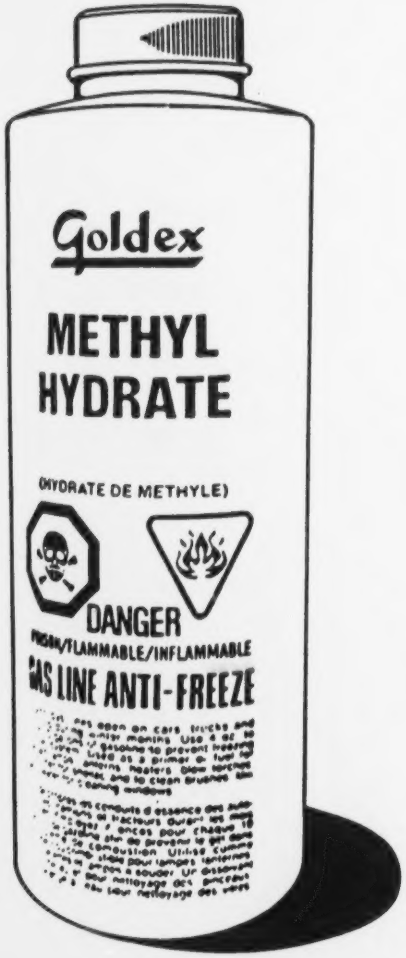
CONTAINERS WITH HAZARD WARNING SIGNS

AD 40D


Shines more than windows
Windex
GLASS CLEANER
WITH
AMMONIA-D
425g
CAUTION
MAY EXPLODE IF HEATED

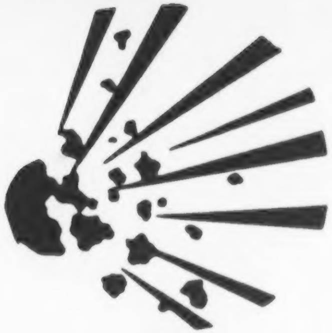
CONTAINERS WITH HAZARD WARNING SIGNS

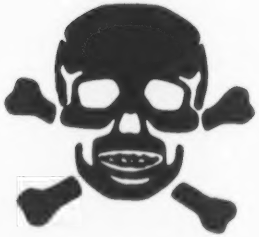
AD 40E

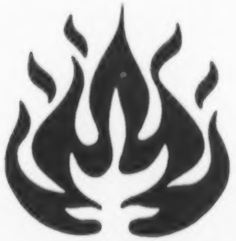

Goldex
METHYL
HYDRATE
(HYDRATE DE METHYLE)
DANGER
POISON/FLAMMABLE/INFLAMMABLE
GAS LINE ANTI-FREEZE

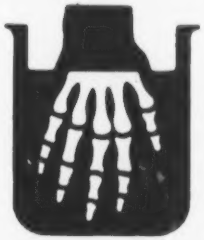
MISSING PICTURES

AD 41









FLAMMABLE	EXPLOSIVE
POISON	CORROSIVE

Instructions: Cut out the Hazard Warning Signs. Paste them in the correct box.

ALCOHOL AND OTHER DRUGS

GRADE 3 **LESSON: 2** **THEME: DRUGS**

CONCEPT: MEDICINE CAN BE OBTAINED FROM DIFFERENT SOURCES

PREPARATION:

1. A copy of Where Medicines Come From (Activity Sheet AD 42)
2. Map of NWT communities
3. Samples of non-prescription and prescription drug containers. If possible, and with the assistance of an elder, include a traditional medicine.
4. Prior to class, arrange for students to visit the local store, the drug store or community health centre
5. Art materials for pictures of where students get medicine in their own community

VOCABULARY: prescription, non-prescription, drug store, permission, traditional, pharmacist

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) identify the different kinds of medicine (prescription, non-prescription, traditional) and their sources in the NWT	Students: 1. Listen to four stories about children with bad coughs.	Background Information: Page AD 102 to 104 Refer to Activity Sheet AD 42. Read the four stories, using a map of the NWT to show the location of each community, and empty medicine containers to illustrate the type of medicine which might have been given in each story.

OBJECTIVES | **STUDENT ACTIVITIES** | **TEACHER NOTES**

2. Identify the places where they can get medicine in the NWT.

Refer to Activity Sheet AD 42.

Re-read each of the four stories, and develop the first four columns of the following chart.

Who?	What's wrong?	Where did the medicine come from?	Who gave the medicine?	What kind of medicine?
John	He has a bad cough.	Health Centre	Nurse	Prescription
Susie	She has a bad cough.	Store	Mother	Non-prescription
Jack	He has a bad cough.	Drug Store (Pharmacist)	Doctor and Pharmacist	Prescription
Mary	She has a bad cough.	Plant	Grandma	Traditional

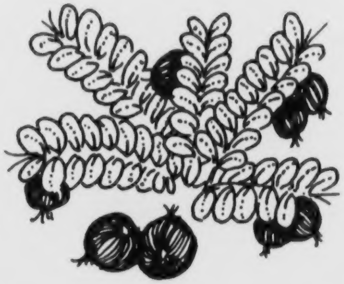
3. Identify different kinds of medicines (prescription, non-prescription, traditional).

Ask students why they get some medicines from the store and some from the doctor or nurse. What is the difference between the two?

Explain that the medicines which they get from the doctor or nurse are called prescription drugs. (If possible show students a sample prescription sheet.) The medicines that they can buy in the store without the doctor's permission are called non-prescription drugs.

Explain to the students that there is another place that some people get medicine from - that is from the land. In some communities, if someone is ill, he/she would go to one of the old people who knows about land medicines, and the old person would pick some of the plants from the land or find a particular part of an animal and would make medicine from it.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Complete the last column of the chart developed in Student Activity 2.
	4. Identify various prescription and non-prescription medicines.	The previous activities focused only on cough medicines. Now show students other empty medicine containers and ask them to classify them as prescription or non-prescription.
	5. Identify where the nearest drug store is.	On the map of the NWT, point out the places which have drug stores. Ask the students where the nearest drug store to their community would be.
	6. Identify where they can get medicine in their community.	Identify the various places/people in the community where medicines can be obtained, as well as whether each place/person is a source of prescription, and/or non-prescription, or traditional medicine.
	7. Visit a store to see the different kinds of medicine they can buy and learn about prescription drugs.	Take the students (or suggest they go after school) to a store to see the different kinds of medicine they can buy there. Visit a drug store or health centre to find out about prescription medicines.
	8. Look for plants used to make traditional medicine.	Ask the cultural teacher, and/or an elder, to take students out and find a plant or plants which may be used for traditional medicine.
	9. Draw a picture of one of the places where they can get medicine in their community.	Ask the students to draw a picture of one of the places where medicine can be obtained in their community.



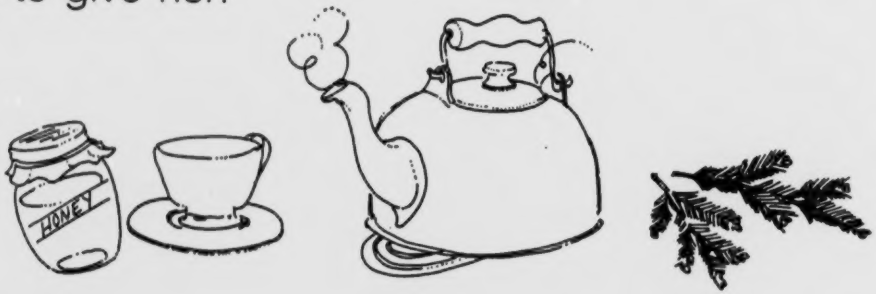
WHERE MEDICINES COME FROM

(a) John lives in Lake Harbour. He has a bad cough. He goes with Mother to the health centre. The nurse examines him and gives him some cough medicine. She tells him when to take it and how much to take.

(b) Susie lives in Rankin Inlet. She has a bad cough. Her mother goes to the store and buys cough syrup. The label tells her mother when Susie should take it and how much she should take.

(c) Jack lives in Yellowknife. He has a bad cough. He goes with Mother to the doctor. The doctor gives him a prescription. He takes the prescription to the drug store. The pharmacist gives Jack's mother the pills. The label tells his mother how much Jack should take and how often he has to take it.

(d) Mary lives in Fort McPherson. She has a bad cough. Her mother goes to Grandma's. Grandma goes to the bush and collects spruce gum. She makes it into tea for Mary. Grandma knows how much to give her.



ALCOHOL AND OTHER DRUGS

GRADE 3 **LESSON: 3** **THEME: DRUGS**

CONCEPT: RULES ARE NECESSARY WHEN HANDLING MEDICINE

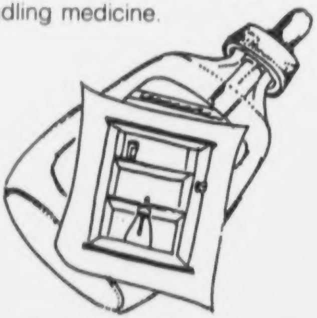
PREPARATION:

1. Write out the rules separately on large pieces of card. If necessary, draw illustrations to represent each rule.
2. Props for roleplay, Student Activity 3
3. Art materials for medicine mural, Student Activity 4

VOCABULARY: rules, prevent, prevention

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page AD 102 to 104
i) identify the rules related to medicine and explain why they are necessary	1. Explain the meaning of prevention.	Refer to the experience chart developed during Lesson 1, Student Activity 1. Explain that following the rules (right hand column) should **prevent** accidents and injuries. Prevention is when you do something (e.g., keep a spray can away from flames) to stop something from happening (e.g., to stop the can from exploding).
	2. Tell why they think we have rules for handling medicine.	Review what a drug is. Remind students that medicines are drugs which make their bodies work differently and can be harmful. They have to be handled with care. Ask students why they think we have rules for handling medicine. Show the students each rule, one at a time, and discuss why we have this rule.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		To lessen the dangers of children being poisoned by swallowing medicine accidentally, there are certain basic rules which should be followed. 1. NEVER TAKE ANYONE ELSE'S MEDICINE. Every person is different. A medicine that works for one person may not work for another. It may make the other person ill. 2. FOLLOW THE INSTRUCTIONS ON THE LABEL. The label tells what kind of medicine it is, how much to take and when to take it. 3. USE MEDICINE ONLY IF YOU NEED IT. Medicines contain drugs and may be dangerous, because they change the way the body works. There are other ways of making people feel better - a hug, going for a walk, lying down. 4. CHILDREN SHOULD TAKE MEDICINE ONLY FROM AN ADULT THEY TRUST. Medicines may be dangerous. Children do not know which medicine to take, nor how much to take. They should not take medicine either from a friend their own age or a stranger. 5. KEEP MEDICINE OUT OF REACH OF SMALL CHILDREN. Medicine is often brightly coloured and looks attractive to a young child. Young children cannot tell the difference between candy and pills. To avoid the possibility of young children taking medicine accidentally, it should be stored where they cannot reach it.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		6. NEVER USE MEDICINES THAT ARE OUT OF DATE. Medicines change over time. If they are old, they may not work in the same way, and may cause harmful reactions. 7. ALWAYS THROW OLD MEDICINE AWAY IN THE TOILET, NEVER IN THE GARBAGE. Medicine which is not disposed of carefully may be found by young children and swallowed accidentally. 8. ALWAYS TAKE MEDICINE IN A ROOM THAT IS WELL-LIT WHERE THE LABEL CAN BE CLEARLY READ. It is easy to confuse medicines which may look similar. It is also important to be able to read clearly the instructions on the label. The label contains important information about the medicine.
	3. Roleplay rules for handling medicine.	Divide students into groups. Give each group one of the safety rules for handling medicine and props as necessary. Let them develop and practise a roleplay and then act it out. Other students have to guess the rule being depicted.
	4. Make a mural to illustrate the rules for handling medicine. 	Explain to the students that they are going to make a mural. Divide the class into groups so that all 8 rules are covered by the different groups. Ask each group to draw a large bottle of medicine or pills. In the middle of the bottle where the label should be, they have to draw a rectangle or square. In the rectangle, they have to draw a picture to illustrate the rule. Write or copy the rule also. Put all the bottles of medicine on the wall to look like medicine in a medicine cabinet.

ALCOHOL AND OTHER DRUGS

GRADE 3 **LESSON:** 4 **THEME:** DRUGS

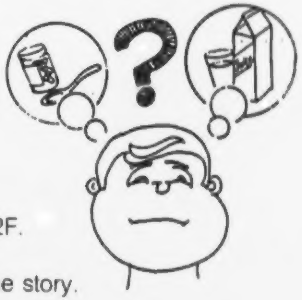
CONCEPT: RULES ARE NECESSARY WHEN HANDLING MEDICINE

PREPARATION:

1. A copy of Tommy's Terrible Day (Activity Sheet AD 42A) and Teacher Answer Guide (Activity Sheet AD 42F)
2. Prepare overhead transparencies of Tommy's Terrible Day (Activity Sheets AD 42B to 42E)
3. Prepare a class set of Tommy Decides (Activity Sheet AD 43)

VOCABULARY: responsible

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) explain why rules are necessary when handling medicine	Students: 1. Listen to the story "Tommy's Terrible Day" and discuss.	Background Information: Page AD 102 to 104 Refer to Activity Sheets AD 42A to AD 42E. Read the first part of the Tommy's Terrible Day story to the students, showing the appropriate overhead transparency and pausing at DISCUSSION. Discussion: · Tommy is feeling very bad. What things can he do to make himself feel better? - lie down until his mother comes home? - watch T.V. and try to forget that he feels bad?

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		- go to another friend's house or to an aunt (etc.) and tell them he does not feel very well? - go to his grandmother's house? Finish telling the story, showing the appropriate drawings. 
ii) explain that each person is responsible for his own behaviour	2. Tell why Tommy decided to take some pills.	Refer to Activity Sheet AD 42F. Discuss what happened in the story. Explain that Tommy had to choose what to do. He decided to take some pills. Why did Tommy do that? Develop discussion points as outlined on Activity Sheet AD 42F.
	3. Write an ending to the story Tommy Decides.	Refer to Activity Sheet AD 43. Distribute worksheets to the students. Explain that this is the beginning of the story again. They have to write a different ending for the story. This time Tommy will not take the medicine. The students have to decide what Tommy does this time when he comes home.
6.5		6.6

TOMMY'S TERRIBLE DAY

AD 42A

Tommy was a very happy, healthy little boy. His mother and father let him help them every day. They knew he was very responsible and would not do things which were dangerous. Today was different, however. Tommy was feeling very bad - he had a terrible day at school. He ran into the house and banged the door. "Mum!" he shouted, but she was not there. He looked in the kitchen, in the bedroom, in the living room and in the bathroom, but his mother wasn't there. He found a letter from his mother on the kitchen table. It said, "Hi, Tommy. I am visiting Grandma. I'll be home at 4:30."

"I feel terrible," thought Tommy. (Activity Sheet AD 42B)

He was very sad because his mother was not in. He had a sore throat and felt very hot. He thought he must have the flu. Also, he had a very bad day at school today. Everything had gone wrong.

At recess, he had an argument with his best friend, Bobby. (Activity Sheet AD 42C)

Then his teacher was angry with him because he ran in the hall. At gym time, he tried very hard, but he couldn't catch the ball. It had been a TERRIBLE day, and now Tommy was in a really bad mood. He also felt very sick and his mother was not home to help him.

Tommy had seen advertisements on T.V. They said, "Take Super Pill. You will soon feel better." He also remembered that his mother had given him a pill when he had a cold last year.

His mother told him never to take any medicine on his own, but Tommy thought one pill was not dangerous.

He went to the closet where his mother kept the medicine. It was high up on a shelf. Tommy saw many bottles. There were bottles of powders, lots of pills - all different colours, tubes of cream, cough syrup. He didn't know which was the Super Pill bottle. Well, he knew the pills were white. He looked and found a bottle with white pills. (Activity Sheet AD 42D)

He took the top off the bottle, and took one of the pills. He thought for a minute. "One pill helps a sore throat. More will make me better very quickly." So Tommy took three or four more pills and swallowed them with some water. He put the bottle back in the closet and went back into the kitchen.

Suddenly he began to feel very strange - his head felt funny, even his legs felt funny. Tommy thought, "I must lie down. This is strange," he thought, "I thought the pills would make me feel better. Instead I feel worse." Tommy lay down on the bed. He was lying very still. He didn't hear Grandma come in. (Activity Sheet AD 42E)

"What's wrong, Tommy?" Grandma asked.

Tommy started to tell his grandmother about his terrible day, but he kept getting mixed up. The words were all mixed up. He started to cry.

Grandma looked very worried. She said, "Tommy, did you take any pills?" Tommy nodded.

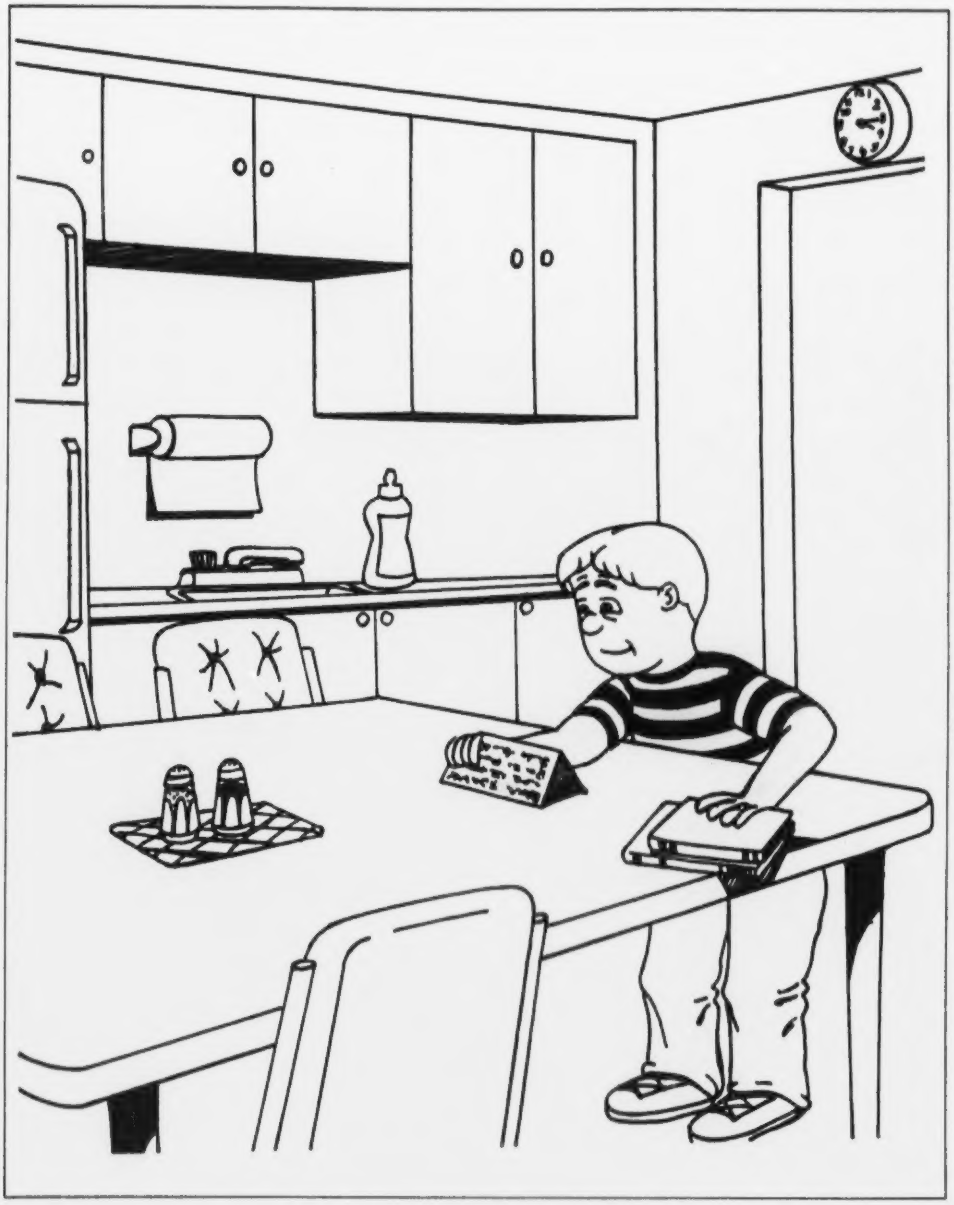
"Your mother always tells you never to take medicine on your own, Tommy. I must call the health centre. I don't know what to do."

The nurse at the health centre was able to help Tommy.

Tommy felt better the next day. He knew he would never take pills on his own again. Yesterday was a terrible day - the worst of his life!

AD 42B

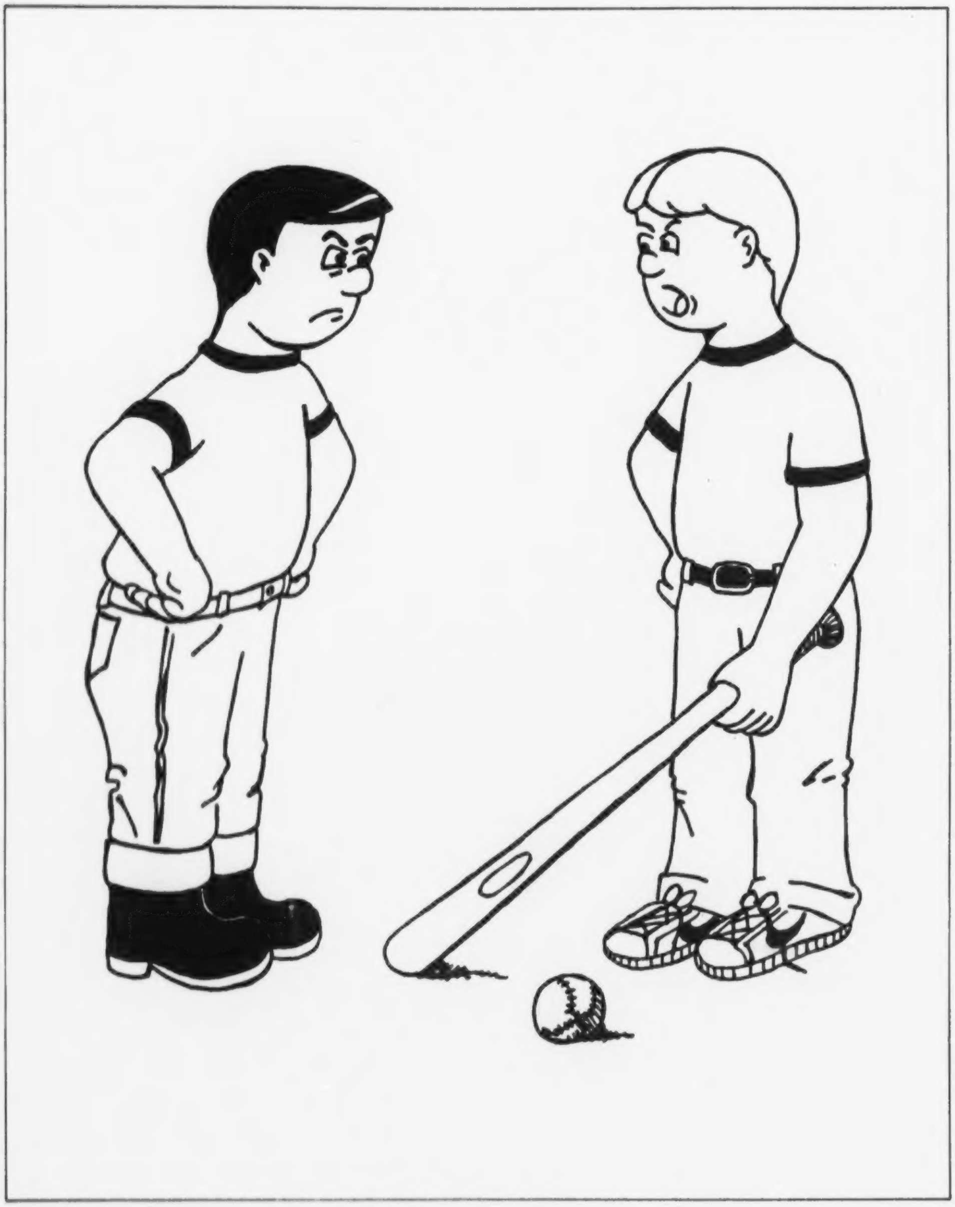
TOMMY'S TERRIBLE DAY



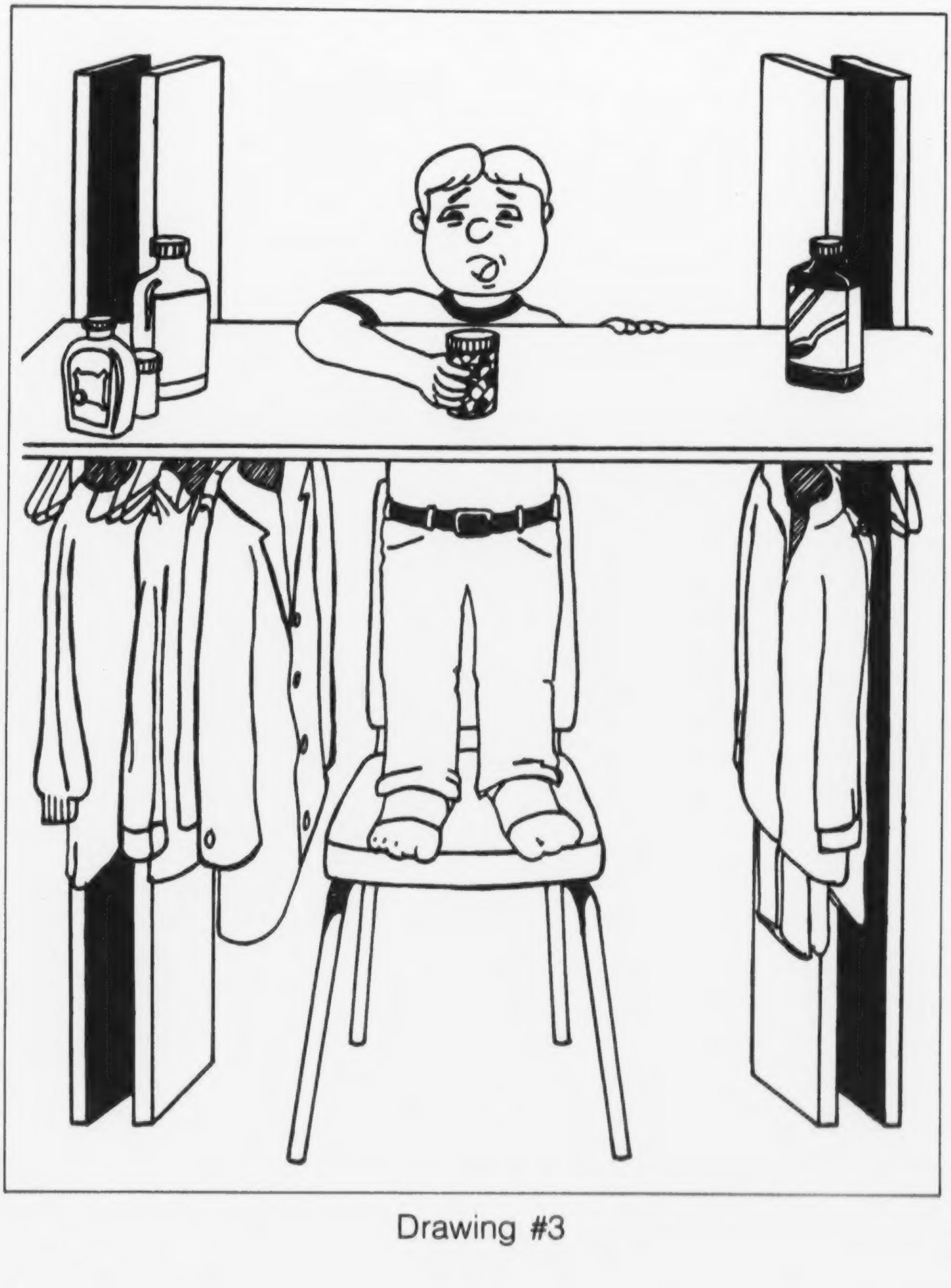
Drawing #1

AD 42C

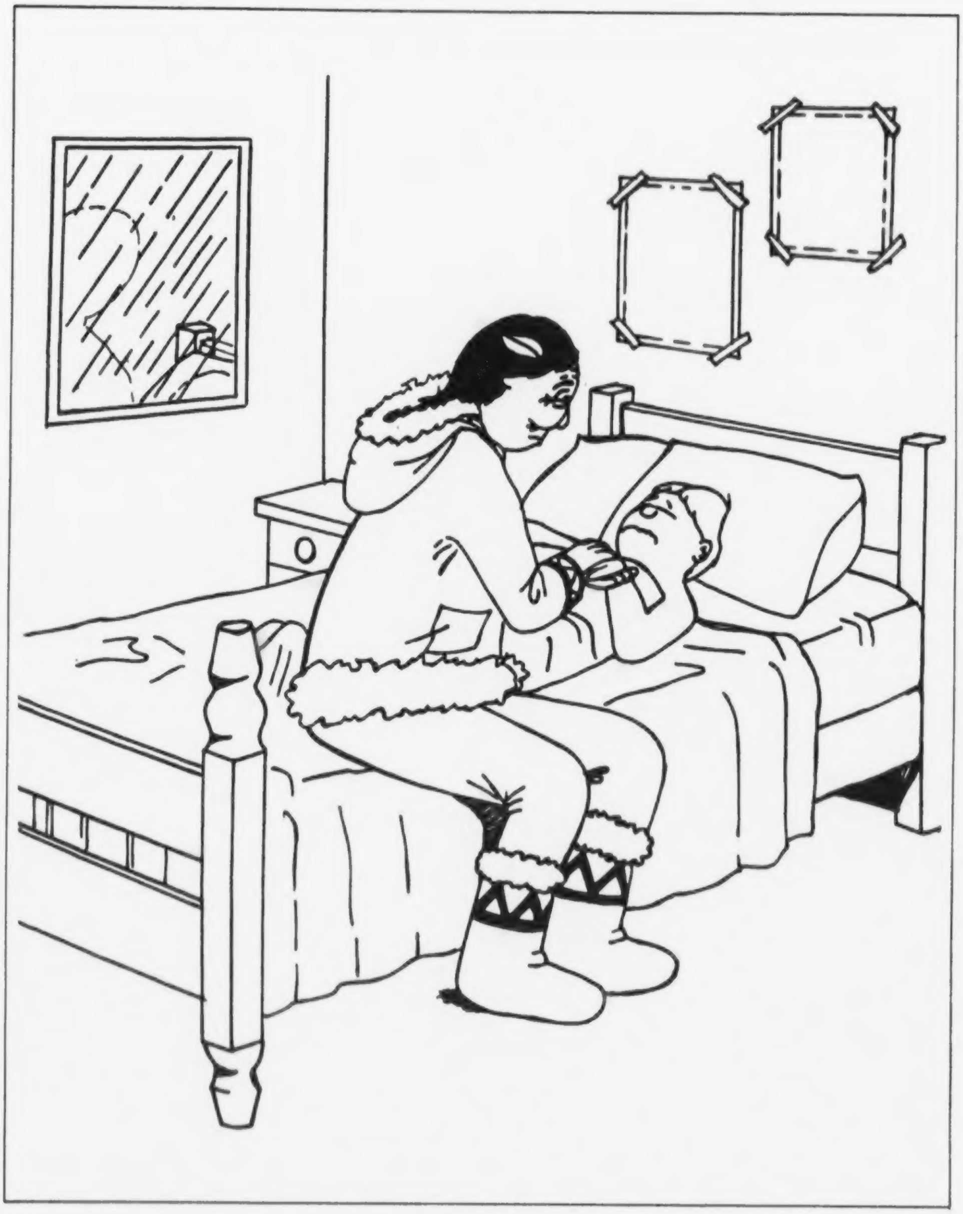
TOMMY'S TERRIBLE DAY



Drawing #2



Drawing #3



Drawing #4

AD 42F

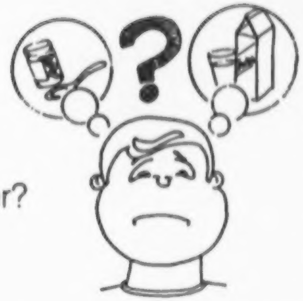
TEACHER ANSWER GUIDE FOR "TOMMY'S TERRIBLE DAY" DISCUSSION POINTS

Discussion of the story should develop the following points:

- Medicines should not be used for every ache and pain - there are other things which can be done.
- Medicines can be helpful and harmful.
- People choose what they put into their bodies.(This should be stressed.)
- Tommy is responsible for what he does. He knew the rules about medicine, but he broke the rules. What happened when he broke the rules? He got sick and scared. Grandma was scared too. Whose fault was it that Tommy got sick and scared?
- Why should children take medicine only from an adult they trust?
- Can you always believe what T.V. advertisements tell you?
- Did Tommy follow the rules for using medicine? Why/why not?
- What other things could Tommy have done to feel better?
- What things do YOU do if you feel bad?
- Who could have helped Tommy? (mother, father, big sister, friend, teacher, aunt, etc.)

TOMMY DECIDES

Here is the beginning of the story about Tommy. Now give it a different ending.
Help Tommy to decide what he should do. This time, he is not going to take any pills.



These questions will help you:

1. Tommy is waiting for his mother to come home. What things can Tommy do to feel better?
2. What do you think Tommy should do?
3. How will Tommy's mother help him when she comes home?

Tommy came home from school. He was very unhappy - he had a terrible day at school. He argued with his best friend, Bobby. The teacher was angry with him. He couldn't catch the ball in gym. He also had a sore throat and felt very hot. He was in a really bad mood.

NOW FINISH THE STORY IN YOUR OWN WORDS.

ALCOHOL AND OTHER DRUGS

GRADE 3 **LESSON: 5** **THEME: DRUGS**

CONCEPT: A DRUG IS ANYTHING THAT IS PUT INTO THE BODY THAT MAKES IT WORK DIFFERENTLY

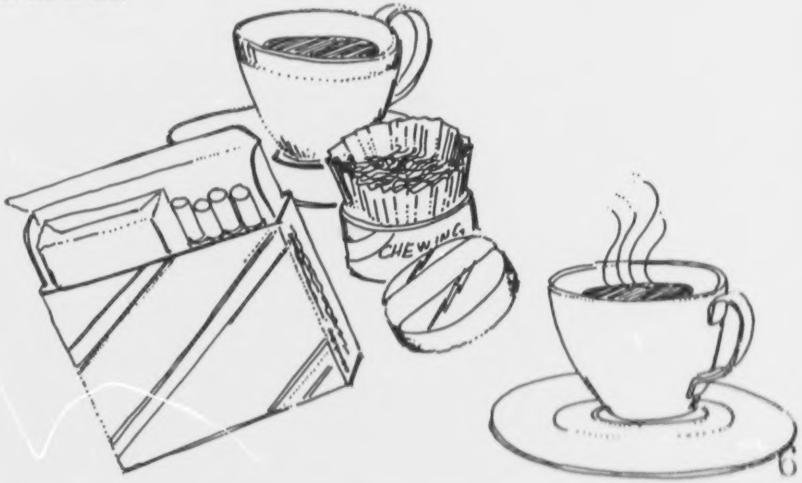
PREPARATION:

1. The drawings of common substances which contain drugs (Activity Sheets AD 44A to AD 44J)
2. Prepare a class set of Look for the Drugs (Activity Sheet AD 45)
3. Prepare a large Tic-Tac-Toe board on the floor with masking tape, and make large Xs and Os for the students to wear

VOCABULARY: drug

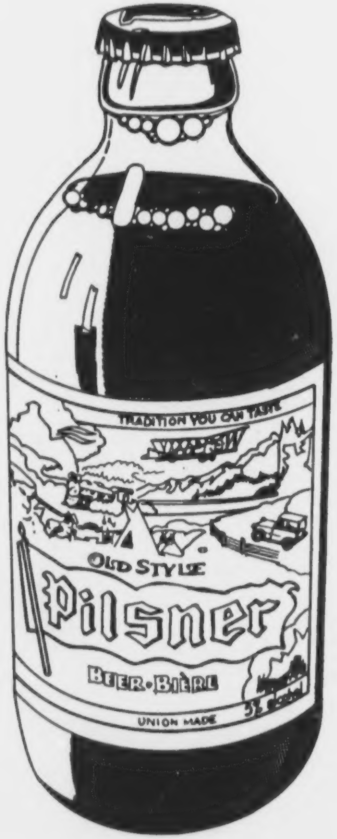
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page AD 106 to 107
i) identify that medicines are drugs	1. Identify that medicines are drugs.	Remind students that medicines are drugs, but that medicines are not the only things that belong to the drug family.
ii) define a drug	2. Define what a drug is.	A drug is anything which is put into the body which makes it work differently. Explain that there are things other than medicines which change the way the body works. All these things belong to the drug family.
		It is important for students to understand that drugs themselves are neither good nor bad. It is the way in which they are used which determines whether they are helpful or harmful. Tommy's Terrible Day, Lesson 4, can be used to illustrate this point.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
iii) identify commonly used substances which contain drugs	3. Name common substances which contain drugs.	Refer to Activity Sheets AD 44A to AD 44J. Show the drawings of common substances which contain drugs. Discuss ways in which they make the body work differently.
	4. Complete Look For The Drugs worksheet.	Refer to Activity Sheet AD 45.
	5. Play Tic-Tac-Toe game.	Explain to the students that they are going to play Human "Tic-Tac-Toe". Split the class up into two teams, Team A and Team B. Give Team A some Xs and Team B some Os. When someone gives a correct answer, he has to wear an X or an O. The team has to choose where on the board the person will stand. Team A will pull a drawing out of the bag and hold it up for Team B to see. Team B must be able to say if it is a drug or not. If they guess the correct answer, they can put an X on the board. Then Team B selects a card for Team A, and so on, until one team has a row of Xs or Os.



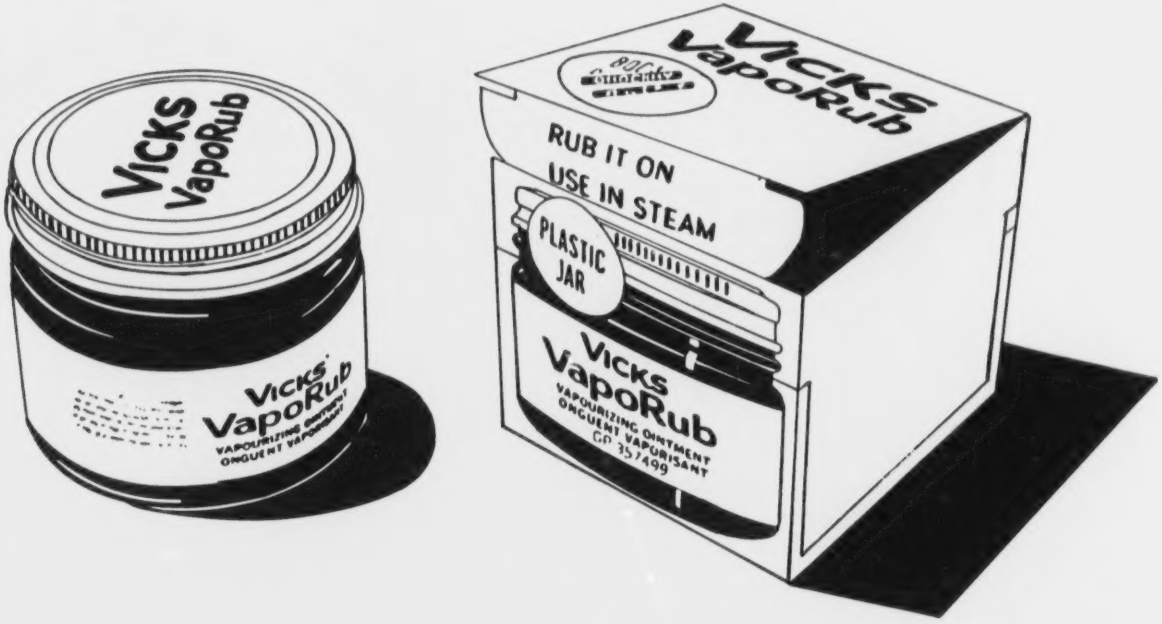
COMMON SUBSTANCES WHICH CONTAIN DRUGS

AD 44A


TRADITION YOU CAN TASTE
OLD STYLE
Pilsner
BEER·BIÈRE
UNION MADE

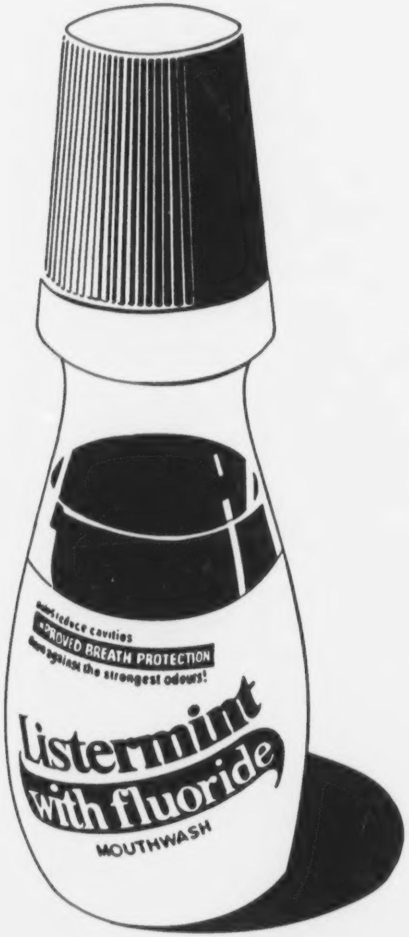
COMMON SUBSTANCES WHICH CONTAIN DRUGS

AD 44B


Vicks
VapoRub
Vicks
VapoRub
VAPOURIZING OINTMENT
ONGUENT VAPORISANT
Vicks
VapoRub
RUB IT ON
USE IN STEAM
PLASTIC
JAR
Vicks
VapoRub
VAPOURIZING OINTMENT
ONGUENT VAPORISANT
GP 357499

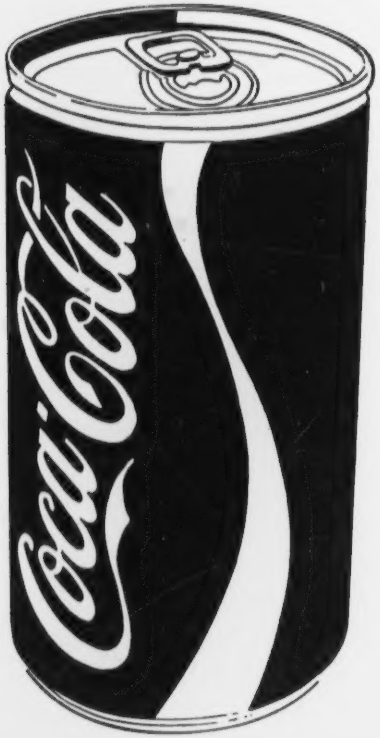
COMMON SUBSTANCES WHICH CONTAIN DRUGS

AD 44C


reduce cavities
•PROVED BREATH PROTECTION
against the strongest odours!
Listermint
with fluoride
MOUTHWASH

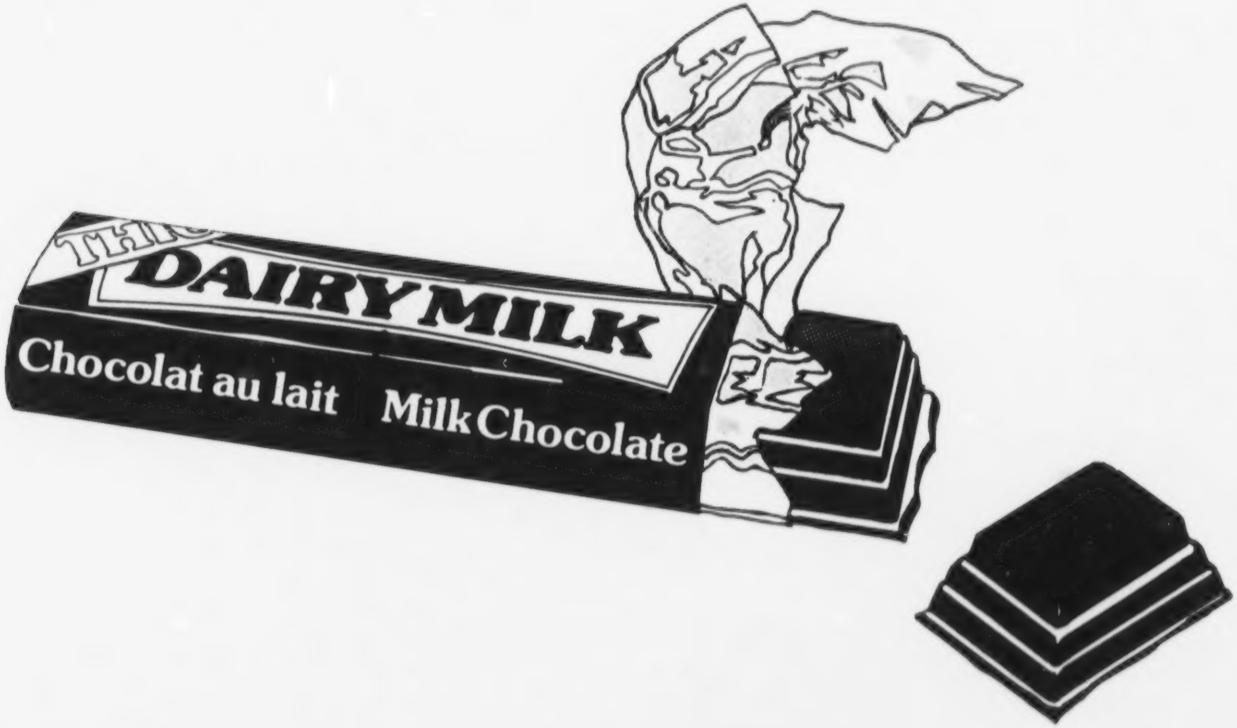
COMMON SUBSTANCES WHICH CONTAIN DRUGS

AD 44D



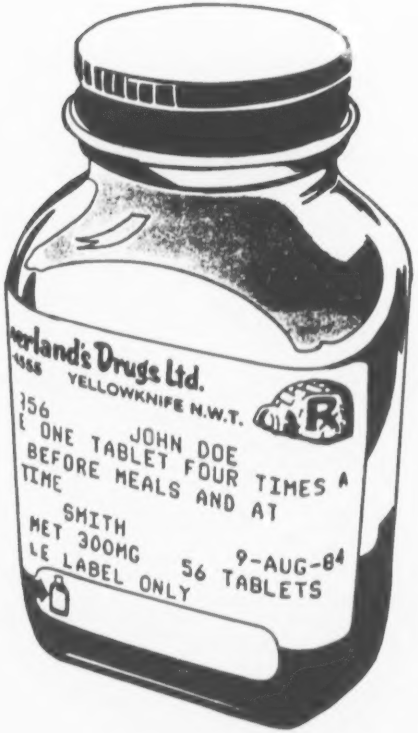
COMMON SUBSTANCES WHICH CONTAIN DRUGS

AD 44E


DAIRY MILK
Chocolat au lait
Milk Chocolate

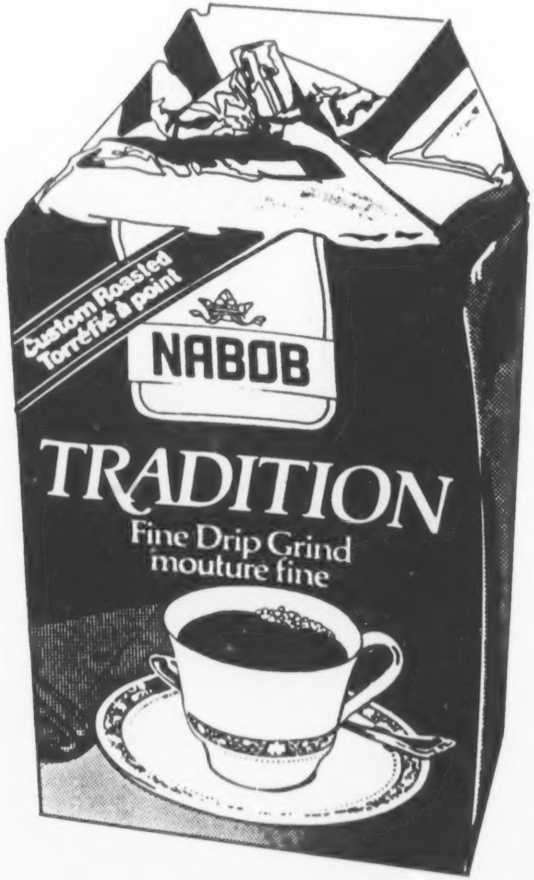
COMMON SUBSTANCES WHICH CONTAIN DRUGS

AD 44F


erland's Drugs Ltd.
4555 YELLOWKNIFE N.W.T.
356 JOHN DOE
E ONE TABLET FOUR TIMES A
BEFORE MEALS AND AT
TIME
SMITH
MET 300MG 9-AUG-84
56 TABLETS
LE LABEL ONLY
R

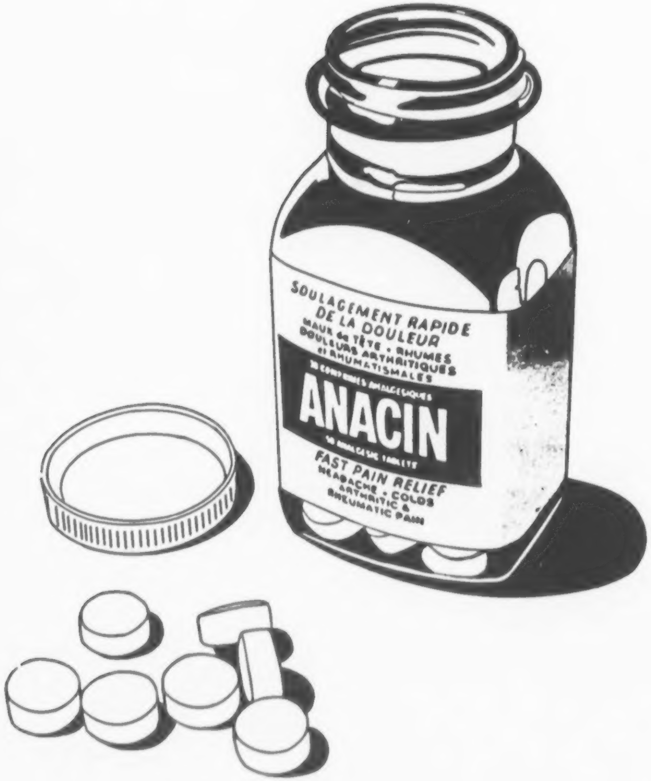
COMMON SUBSTANCES WHICH CONTAIN DRUGS

AD 44G


Custom Roasted
Torréfié à point
NABOB
TRADITION
Fine Drip Grind
mouture fine

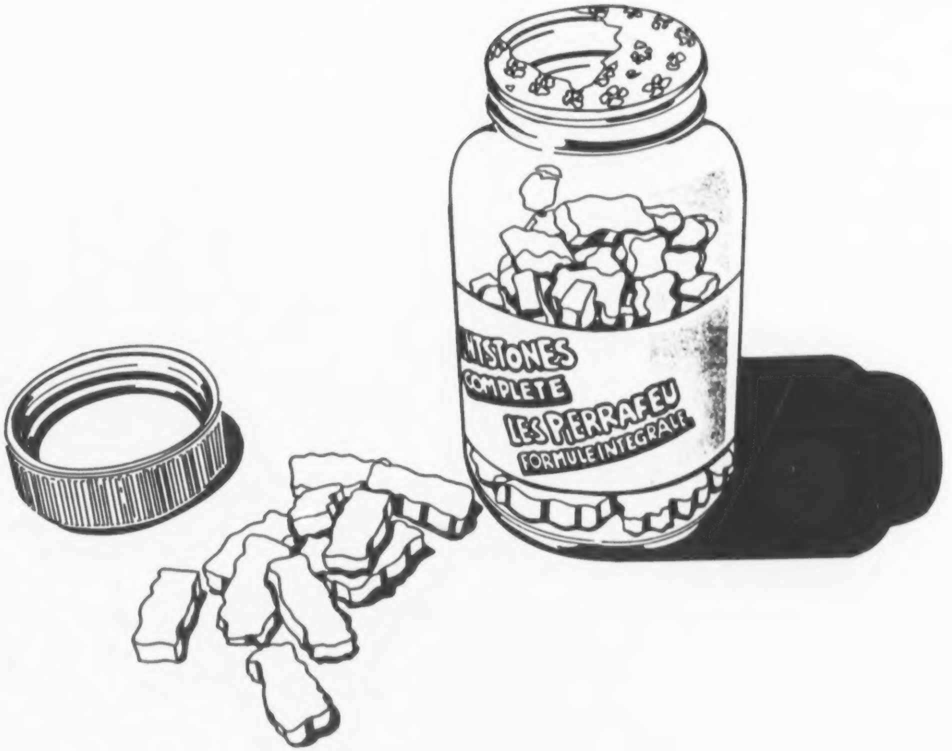
COMMON SUBSTANCES WHICH CONTAIN DRUGS

AD 44H


SOULAGEMENT RAPIDE
DE LA DOULEUR
MAUX de TÊTE • RHUMES
DOULEURS ARTHRITIQUES
et RHUMATISMALES
30 COMPRIMÉS ANALGÉSIQUES
ANACIN
30 ANALGESIC TABLETS
FAST PAIN RELIEF
HEADACHE • COLDS
ARTHRITIC &
RHEUMATIC PAIN

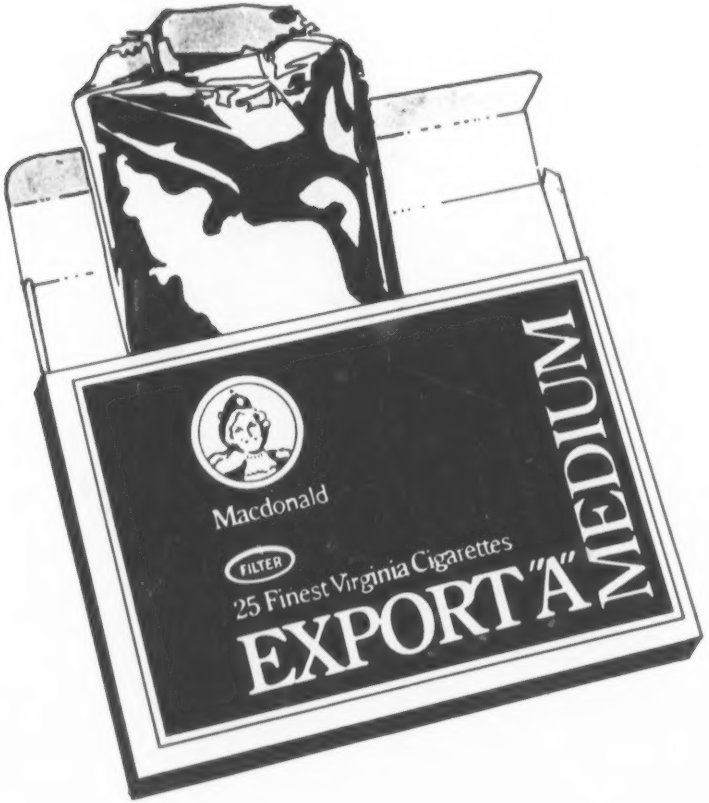
COMMON SUBSTANCES WHICH CONTAIN DRUGS

AD 441


NTSTONES
COMPLETE
LES PIERRAFEU
FORMULE INTEGRALE

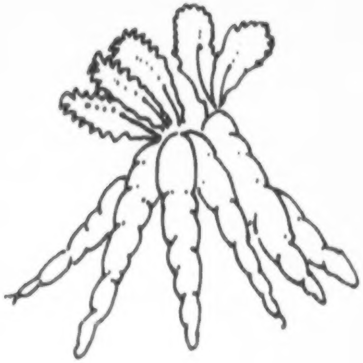
COMMON SUBSTANCES WHICH CONTAIN DRUGS

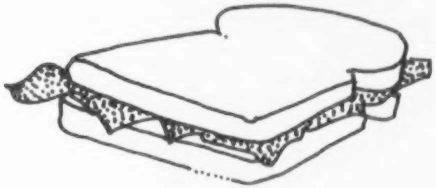
AD 44J

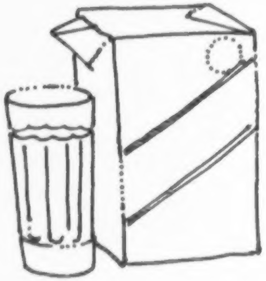

Macdonald
FILTER
25 Finest Virginia Cigarettes
EXPORT "A"
MEDIUM

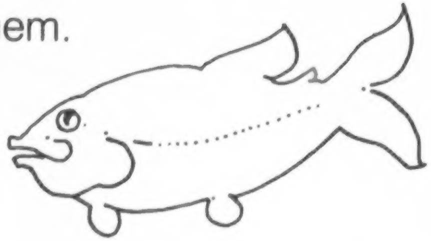
LOOK FOR THE DRUGS

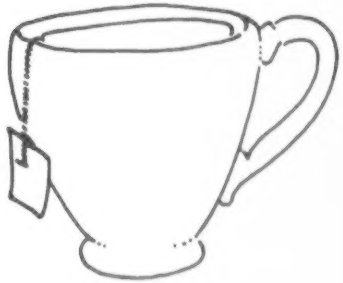
Colour all the drawings which have drugs in them.

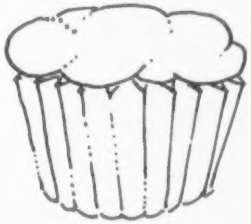


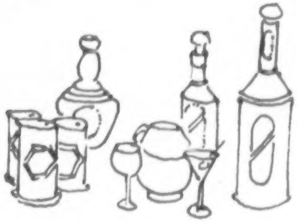


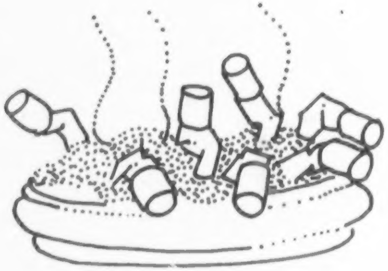


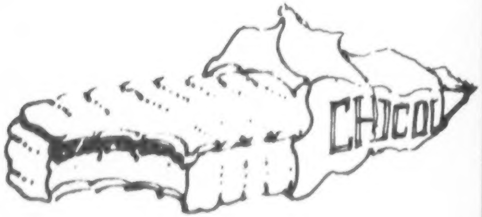


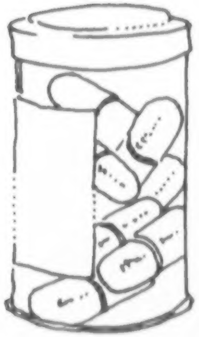


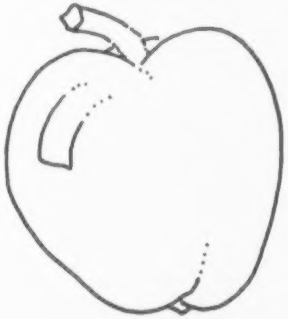












How many drugs did you find? ☐

GRADE 3 **LESSON: 6** **THEME: TOBACCO**

CONCEPT: A DRUG IS ANYTHING THAT IS PUT INTO THE BODY THAT MAKES IT WORK DIFFERENTLY. TOBACCO CONTAINS A DRUG.

PREPARATION:
1. Props/pictures
2. Materials for a collage

VOCABULARY:

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page AD 106 to 107
i) identify commonly used substances which contain drugs	1. List some commonly used substances that contain drugs.	This is a review of Grade 3, Lesson 5. Props or pictures should include smoke tobacco and snuff or chewing tobacco.
ii) identify the effects of tobacco on the body	2. List the effects of tobacco on the body.	Have students brainstorm some of the changes which take place in people's bodies when they smoke.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Record student responses on an experience chart as shown. When you smoke, ☐ you may cough you may be short of breath your heart beats faster it is hard to quit smoking you get yellow fingers you may get sick your breath is stale your teeth are yellow
iii) examine their own values related to tobacco use	3. Tell how they feel about tobacco use.	Have students complete the sentences: When I see someone smoking, I feel __________. When I see someone chewing tobacco, I feel __________. When I see someone smoking (etc.), I wish __________. If my friends want me to smoke (etc.), I __________. If my parents thought I smoked (etc.), they would __________.
	4. Make a tobacco collage.	Have students make a collage of a cigarette with puffs of smoke. In each puff, write an effect of tobacco use.

ALCOHOL AND OTHER DRUGS

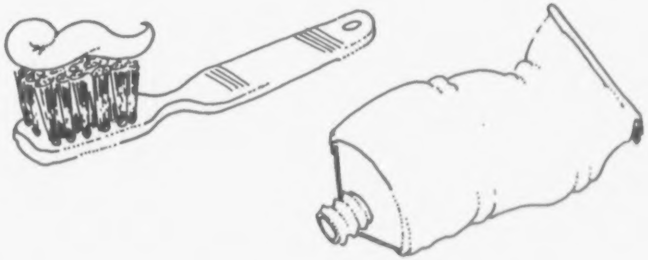
GRADE 3 **LESSON: 7** **THEME: WELL-BEING**

CONCEPT: CERTAIN BEHAVIOURS IMPROVE OUR WELL-BEING

PREPARATION:
1. Prepare overhead transparencies of I Feel Good When... (Activity Sheets AD 46A, 46B, 46C, 46D)
2. Prepare a class set of Oh, Dear! (Activity Sheets AD 47A, 47B) Answer Guide AD 47C
3. Art materials for posters

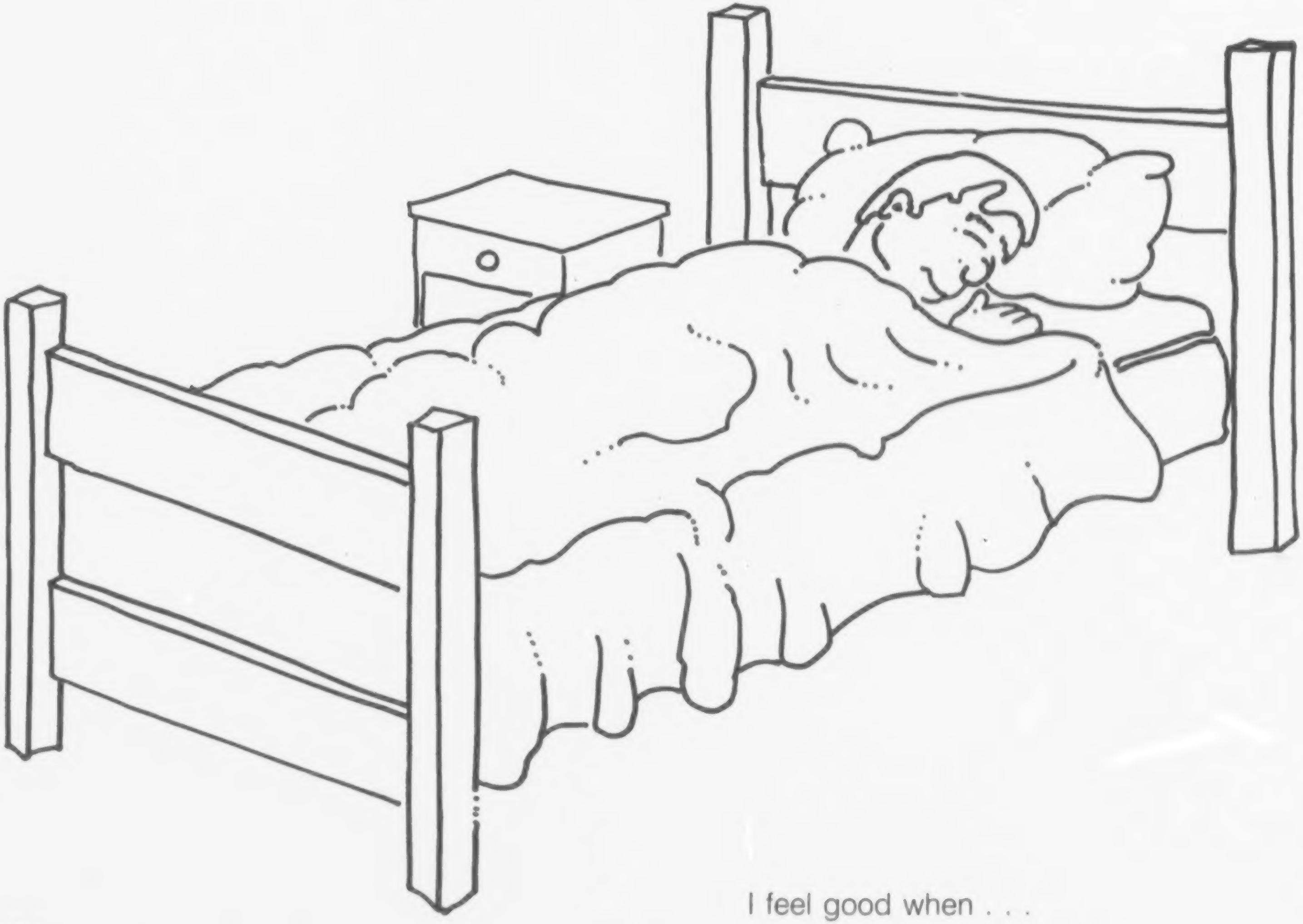
VOCABULARY: prevent, feel good, accidents

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page 107
i) identify some behaviours which will improve their own well-being	1. Name activities which make them feel good	Refer to Activity Sheets AD 46A, 46B, 46C, 46D. Use the overhead transparencies and brainstorm activities which people do to make them feel good. Have students finish the sentence at the bottom of each overhead.
	2. Tell what would happen if they didn't do these activities.	What would happen if they didn't do these activities, e.g., eat good food? (This should relate to prevention.)
	3. Identify some ways to prevent feeling bad.	Refer to Activity Sheets AD 47A, 47B and Answer Guide 47C. Ask each student (or pair of students) to draw a poster which illustrates a preventative behaviour, e.g., brushing your teeth, keeping medicine out-of reach of children, keeping gas away from a heat source, etc. Ask the students to write a sentence to describe the preventative behaviour.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	4. Draw a poster which illustrates a preventative behaviour.	 Ask each student (or pair of students) to draw a poster which illustrates a preventative behaviour, e.g., brushing your teeth, keeping medicine out-of reach of children, keeping gas away from a heat source, etc. Ask the students to write a sentence to describe the preventative behaviour.

I FEEL GOOD WHEN . . .

AD 46A



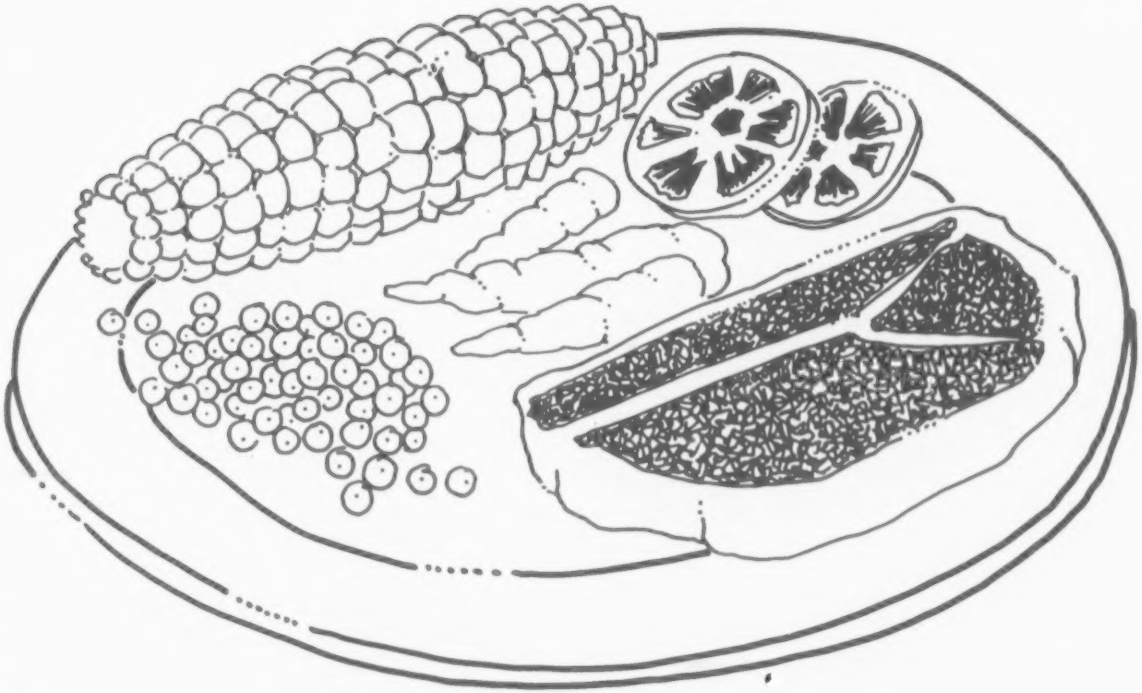
I feel good when . . .

661

662

I FEEL GOOD WHEN . . .

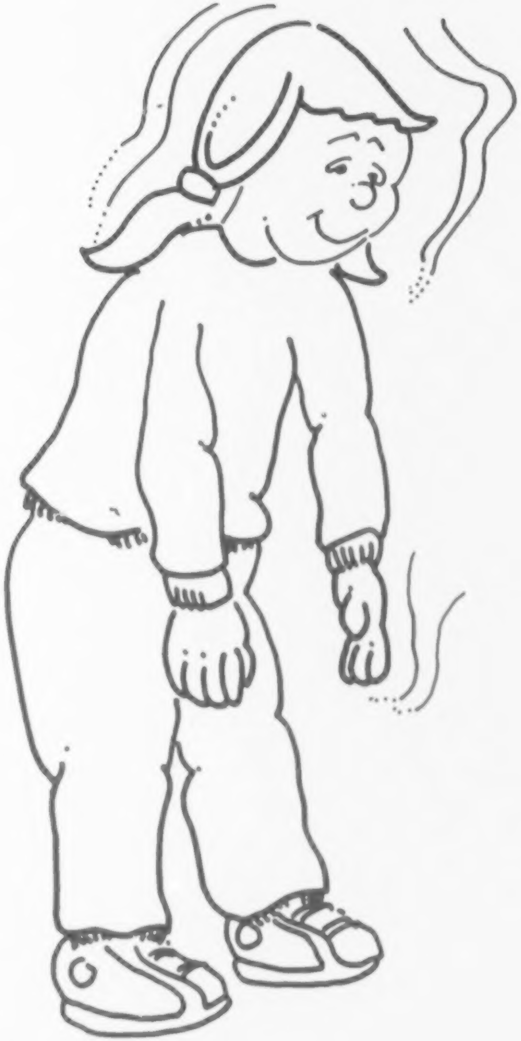
AD 46B



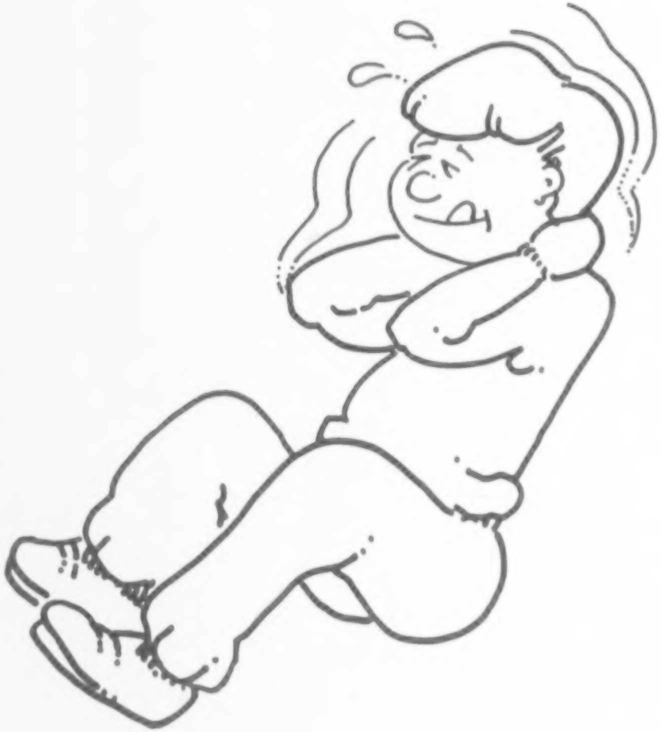
I feel good when . . .

I FEEL GOOD WHEN . . .

AD 46C



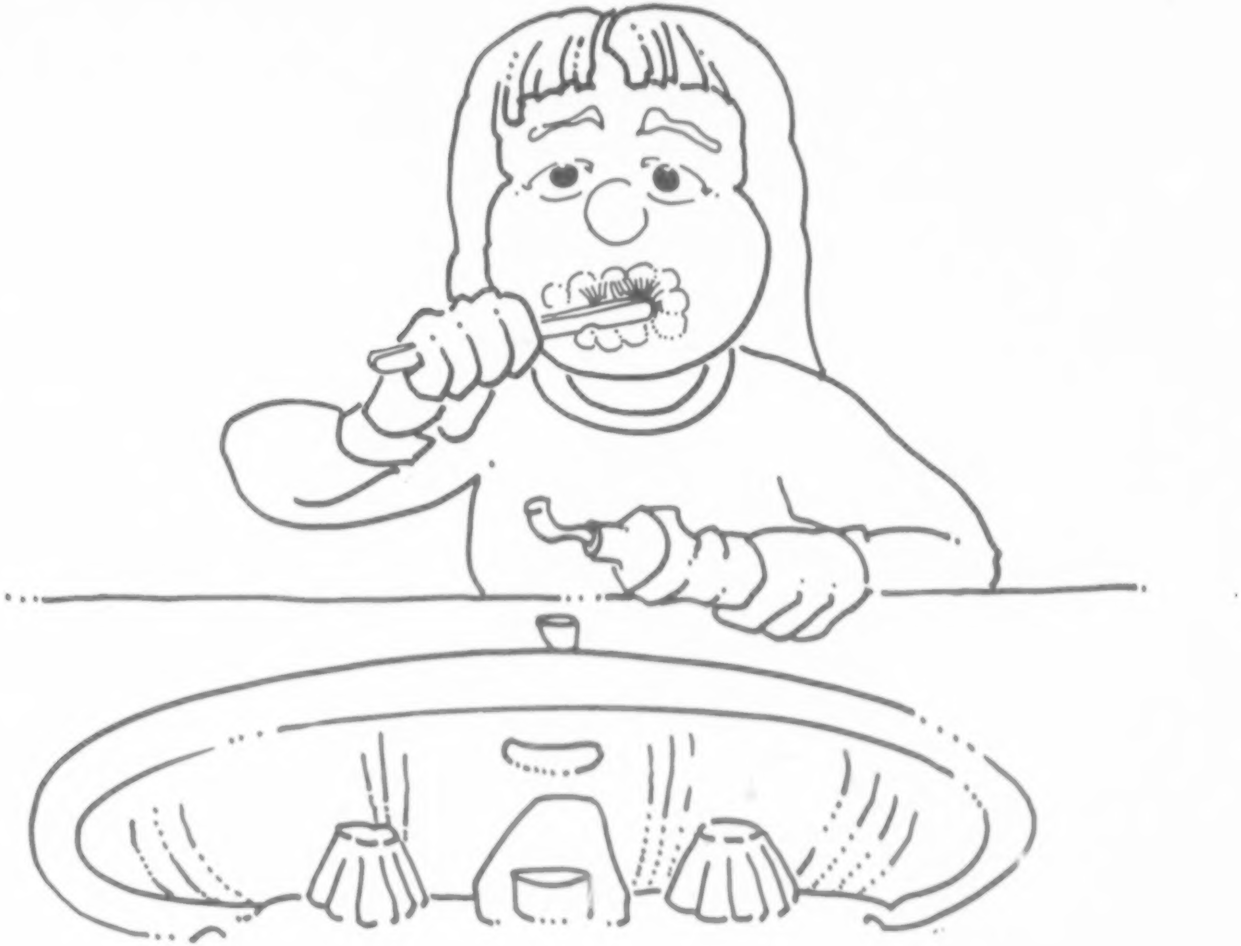
665



I feel good when . . .

666

I FEEL GOOD WHEN . . .



I feel good when . . .

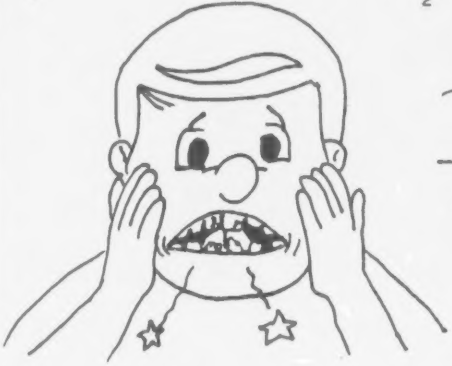
667

668

AD 47A

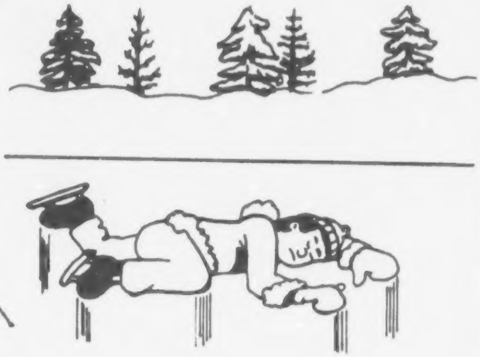
OH, DEAR!

1



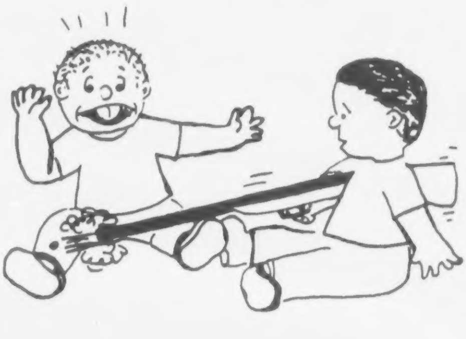
Oh, dear! Bobby does not often brush his teeth. Now he has a toothache. What could he have done to prevent this?

2



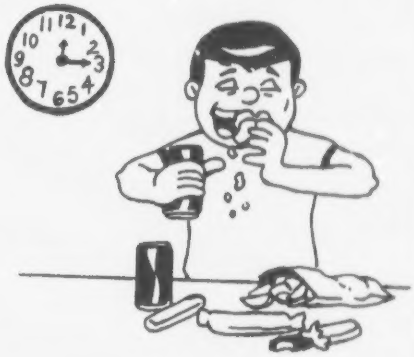
Oh, no! Jim did not wear a hockey helmet. He was hit on the head by a puck and now he has to go to the nursing station. What could he have done to prevent this?

3



Oh, my! Two small boys were playing with a gun. The gun went off and shot one in the leg. What could have been done to prevent this?

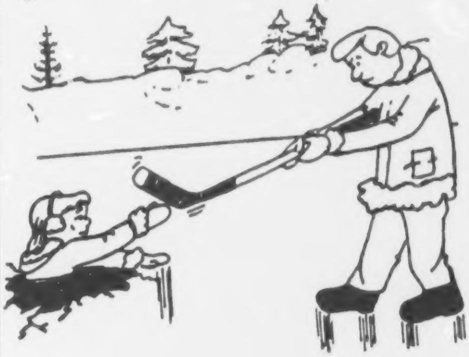
4



Oh, oh! John eats pop and chips and a chocolate bar every day for lunch. He is getting fat and often feels ill. What could he do to prevent this?

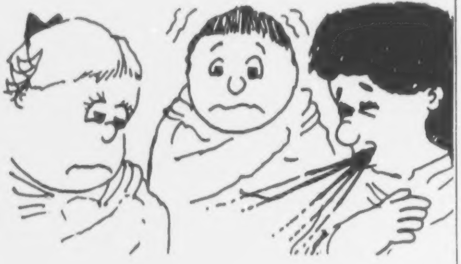
AD 47B

5



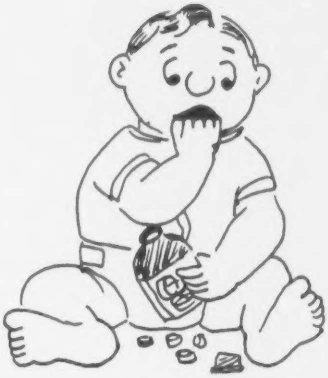
Oh, no! It is not very cold outside and there is only thin ice on the lake. Susie and her friend go skating. The ice breaks and Susie falls in. What could she have done to prevent this?

6



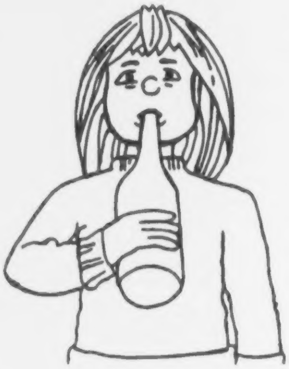
Jean had a very bad cold. She went to school and gave it to her friends. What could she have done to prevent this?

7



The baby is sitting on the floor eating some Aspirins out of a bottle. What could have been done to prevent this?

8



Rosie is very sick. She found something that looked like pop in a pop bottle and drank it. It was gas. What could have been done to prevent this?

BEST COPY AVAILABLE

OH, DEAR!

AD 47C

(Teacher Answer Guide)

Students should identify the following preventative behaviours from the drawings:

i) brushing teeth
ii) wearing a hockey helmet
iii) using a gun safely
iv) eating nutritious food
v) staying away from thin ice
vi) staying at home to prevent spreading her cold
vii) keeping medicine out-of-reach of small children
viii) asking an adult you trust if you don't know what something is

GRADE THREE
TEACHER BACKGROUND INFORMATION

ALCOHOL AND OTHER DRUGS

Teacher Background Information Alcohol and Other Drugs

THE MAIN THEMES

The three broad themes covered in the Kindergarten to Grade 3 portion of the Alcohol and Other Drugs Program are:

- SAFETY	(This includes the development of safe attitudes towards such things as hazardous products, medicine, etc.)
- DRUGS	(Medicines are the first drugs on which students receive information. They later learn about other drugs.)
- WELL-BEING	(One of the main goals of the program is the development of healthy lifestyles. The relationship between responsible decisions involving hazardous products, medicines and other drugs and a person's well-being is emphasized.)

Each theme is presented under a separate heading. If, for example, teachers want information on, say, poisons, they should first turn to the safety section, then locate poisons within that section.

SAFETY

Introduction

From a very early age, children can begin to develop safe attitudes towards particular situations or substances which have the potential for producing harmful results. As they learn to identify dangerous situations, or substances which may be harmful, and as they learn some of the rules associated with these, they will also begin to make responsible decisions, not only in terms of what is familiar to them, but they will also be able to deal with the unknown. In the theme on safety, students learn to recognize and handle potentially dangerous situations with regard to hazardous products, medicines and other drugs.

The most important point of these lessons on safety is that, if students do not know, or are not sure what a substance is, they should not touch it without first asking an adult whom they trust. If they are unsure about whether a specific situation is safe or unsafe, they should not participate in what is happening, again without first asking an adult.

'AN ADULT YOU TRUST' is used to signify either a grown-up whom the students know well and believe - for example, mother, father, grandmother, etc. - or someone who would have particular knowledge about these topics - for example, a health professional, such as a doctor or nurse. If children name an older brother or sister or a friend, that person would have to be old enough to have accurate information on hazardous substances, medicines, drugs, etc.

'SAFE' is used to describe an action or substance which does not hurt any person or any property.

'UNSAFE' is used to describe an action or substance which might possibly cause harm to a person or to property.

Potentially Hazardous Substances

A potentially hazardous substance is any substance which may produce harmful results. These harmful results may occur as a result of either using the substance incorrectly or using it for a purpose other than that for which it was intended. These substances are designed for a specific purpose and are safe, if used with proper care for that purpose.

The potentially hazardous substances fall into the four categories which correspond to the four hazard warning signs:

- POISONOUS
- CORROSIVE
- FLAMMABLE
- EXPLOSIVE

It is important to remember, however, that, although they correspond to the warning signs, not all potentially hazardous substances have warning signs on them. Products such as those regulated under the Food and Drug Act or the Pest Control Act are not required by law to have hazardous product symbols displayed on their labels. For example, pure acetone is regulated by the Hazardous Product Act and must be labelled with the flammable and poisonous symbols. Nail polish remover, usually a dilute form of acetone, however, is a cosmetic and is regulated under the Food and Drug Act and does not have to display any hazard warning symbols.

In the early grades, it is not necessary for the students to learn the vocabulary associated with each hazard warning sign. It is sufficient for them to understand the meaning of the signs. However, if students are capable of using the correct vocabulary, they should certainly learn it.

Methods of Identifying Potentially Hazardous Products

The following are not conclusive factors in determining if a substance is potentially harmful, however they can be used as indicators.

- A WARNING SIGN - Does the product have a warning sign on its container? Any product with a hazard warning sign on it could be dangerous.
- WHERE IT IS STORED - Is the product stored in a place where children cannot reach it, e.g. cleaning products on a high shelf? They may have been put there because they are dangerous.
- WHERE THE PRODUCT IS FOUND IN THE STORE - Is the product in the section with cleaning goods? Most household cleaners have the potential of being dangerous.
- THE DIRECTIONS FOR USE - Does the product state that certain precautions should be observed when using it, e.g. using it only in a well-ventilated area? Products which have specific cautions attached to their use are probably dangerous.
- WHAT THE PRODUCT IS USED FOR - Is it a household cleaning product, a medicine, supplies for painting or woodworking, insecticide, automotive (or similar) product, supplies for the yard, a cosmetic, an alcohol or tobacco product, a plant? All of these categories have the potential to be dangerous.
- CHILD-PROOF TOPS - Does the container have a child-proof top? If it does, it is because it could be harmful, if opened by a young child.

Children should be aware that products with any of these indicators may be dangerous. If they are unsure what something is, they should always ask an adult they trust before touching it.

Different Degrees of Danger

Although not specifically taught as a lesson, teachers should be aware that the warning signs also indicate the degree of danger which may exist. The three shapes used are the triangle, the diamond and the octagon. The more sides the sign has, the more dangerous the product might be. The triangle has three sides and means that some caution is required when handling the substance; the diamond has four sides and is a warning of more serious danger; the octagon has eight sides and indicates very serious harm or danger.

Safe Handling and Storage of Potentially Hazardous Substances

There are some generally accepted rules for safe handling and storage of potentially hazardous substances. Children should not only learn the rules, but understand why these rules are necessary, and observe them, whenever possible.

1. ALL HAZARDOUS SUBSTANCES SHOULD BE KEPT OUT OF REACH OF CHILDREN.
2. LIDS SHOULD BE KEPT TIGHTLY CLOSED ON ALL POTENTIALLY HAZARDOUS SUBSTANCES.
3. DO NOT USE FLAMMABLE SUBSTANCES NEAR THE FIRE, EVEN IF IT IS ONLY BURNING SLOWLY.
4. FLAMMABLE AND EXPLOSIVE SUBSTANCES SHOULD BE KEPT AWAY FROM HEAT AND FLAMES.
5. MATCHES SHOULD BE KEPT OUT OF REACH OF YOUNG CHILDREN.
6. NO SMOKING NEAR FLAMMABLE SUBSTANCES.

7. NEVER SMELL POTENTIALLY HAZARDOUS SUBSTANCES CLOSELY.

8. NEVER MAKE HOLES IN SPRAY CANS.

9. KEEP SPRAY CANS OUT OF REACH OF YOUNG CHILDREN.

Poisonous Substances

Because poisons, their possible effects and the rules related to them are most closely associated with medicines and other drugs, these particular substances receive the most emphasis.

A poison is generally anything which is unsafe to taste, eat or drink. (There are also poisons which are unsafe to touch, e.g. poison ivy, or unsafe to smell, e.g. carbon monoxide gas.) The consequences of swallowing, or otherwise coming into contact with, a poison extend from a mild feeling of nausea, to more violent feelings of illness, to death.

The importance of children learning about poisons and rules related to everyday products cannot be over-emphasized. As more and more toxic household and industrial products appear, so are children more likely to come into contact with them. Our homes abound with potential dangers for our children - in the bathroom, under the sink, in basements, closets, garages and on and on.

Every year, thousands of young children die from accidental poisonings. In recent years the 10 most common items accidentally swallowed by young children were:

1. Children's A.S.A.
2. Bleach
3. Adult A.S.A.
4. Diaper-pail deodorizer
5. Chocolate-flavoured laxative
6. Children's fever drops
7. Cough syrup
8. Tranquilizers

9. Birth control pills
10. Cigarette butts

(Data supplied by the Hospital for Sick Children, Toronto)

Injuries, accidents and poisonings are one of the five most common reasons for visits to the Nursing Stations or hospitals in the Northwest Territories.

There are two main ways of reducing accidents related to poisons - one is to make children aware of the more common household poisons and the dangers associated with them; the other is to keep them out of the reach of young children preferably locked away, since young children like to climb and explore.

Areas which are most likely to contain poisons are the bathroom, the kitchen, the laundry room, the living room, the bedroom, the garage or shed and the basement or furnace room.

The Poison Warning Sign

The universal POISON warning sign is:

Examples of products which carry the POISON warning sign are listed below:

- methyl hydrate
- gasoline (in a proper container)
- wood stain
- antifreeze
- turpentine
- Pledge furniture polish
- bug spray (not in an aerosol can)

Poisons With No Warning Signs

There are, however, many common poisons which have no warning signs. Some of these are hair dye, moth balls, medicines, methyl alcohol, bleach, plants and berries. Although there are no poisonous berries in the Arctic, there are berries in the southern Northwest Territories which, if eaten, may make people feel ill.

A common cause of accidental poisoning is because people often keep potentially harmful substances in containers which were not intended for storing that particular substance and which are meant for harmless substances. This leads to confusion, for example, if a substance like gas is stored in a soft drink bottle. The container is unlikely to be labelled correctly. This means it is difficult to identify exactly what is in the container. Children should learn to be suspicious of the contents of soft drink bottles in places such as the garage or furnace room.

Some Potentially Dangerous Household Poisons

CLEANING, BLEACHING AGENTS
Metal cleaners and polishers
Detergents
Ethylene glycol
Dry cleaning fluids
Amyl acetate
Benzine
Carbon tetrachloride
Ammonia
Copper and brass cleaner
Turpentine
Cleaning fluids
Alcohol
Oxalic acid
Kerosene
Methyl alcohol
Naphtha
Petroleum distillates
Window washing fluid
Drain cleaners
Typewriter cleaner
Aerosols
Oven cleaner
Bathroom bowl cleaner
Gun cleaners
Lighter fluid
Bleach

SOLVENTS
Paint remover
Wax remover
Grease spot remover
Lacquer remover
Nail polish remover
Paint thinner
Carbon tetrachloride
Kerosene
Methyl alcohol
Methanol
Turpentine
Lighter fluid
Petroleum products
White out

POLISHES AND WAXES
Nail polish
Furniture wax/polish
Car wax
Kerosene
Silver polish
Pine oil
Mineral oil
Turpentine
Naphtha
Paint

MISCELLANEOUS HOUSEHOLD PRODUCTS AND CHEMICALS
Epoxy glue
Model cement
Garden sprays
Insecticides
Pesticides
Strychnine
Herbicides
Rat Killers
Wax crayons
Inks
Fire extinguishing fluids
Rug adhesive
Rodenticides
Antifreeze
Carburetor cleaners
Gasoline
Anti-rust products
Deodorizing tablets
Plant food
Leather polishes and dyes
Shoe cleaners and polishes
Jewellery cleaners and cements
Laundry blueing

COSMETIC PREPARATIONS

Nail polish remover
Dandruff shampoo
Eye make-up
Nail polish
Corn and wart remover
After shave
Shaving lotions/creams
Hair lotions
Suntan lotions
Resins
Cuticle removers
Cologne
Permanent-wave solution
Bubble bath
Hair dyes/tints
Hair remover
Neutralizers
Lacquers
Skin preparations
Plasticizers
Hair sprays
Perfume

DRUGS AND MEDICINES

Narcotics
Antiseptics
Vitamins
A.S.A.
Iron medicines
Pain killers
Clinitest tablets
Rubbing alcohol
Corn and wart remover
Iodine
Tranquilizers
Birth control pills
Laxatives
Children's fever drops
Cough syrup
(Most of the items in this category are only poisonous when taken orally by accident or in excess.)

PLANTS/BERRIES

Important Factors About Poisonous Substances

The most important factors for children to remember when they see a substance with a POISON warning sign are:

- IT IS NOT SAFE TO TASTE, EAT OR DRINK IT.
- IF SWALLOWED, IT MAY MAKE A PERSON ILL.
- IF SWALLOWED, IT MAY CAUSE THE PERSON TO DIE.
- NEVER TASTE ANYTHING WITH THIS SIGN ON IT.
- NEVER TASTE ANYTHING IF YOU DON'T KNOW WHAT IT IS.

Medicines Can Be Poisonous

Students learn that there may be benefits derived from taking medicines, if someone is ill. However, medicines are also one of the most commonly accidentally swallowed substances and can be extremely dangerous if not used properly. To ensure that children do not take medicine on their own, medicine must be stored safely where children cannot reach it, preferably in a cabinet which can be locked.

It may be possible to arrange a visit to the local nursing station or drug store, where the students can see for themselves how medicine is stored correctly in these places.

Children also learn that they should never take medicine on their own or from a friend. They should take medicine only from an adult they know well and trust, or from a professional health care person. These people know which medicine children should take, and also how much medicine they should take. If children take the wrong medicine or the wrong amount, they may become very ill.

The labels on jars or bottles of medicines are very important. They contain information on whom the medicine is for, what kind of medicine it is, how much should be taken, when it should be taken and also an expiry date, since the effect of the medicine changes with time.

The Rules for Medicine

To lessen the dangers of children being poisoned by swallowing medicine accidentally, there are certain basic rules which should be followed.

1. NEVER TAKE ANYONE ELSE'S MEDICINE.

   Every person is different. A medicine that works for one person may not work for another. It may make the other person ill.

2. FOLLOW THE INSTRUCTIONS ON THE LABEL.

   The label tells what kind of medicine it is, how much to take and when to take it.

3. USE MEDICINE ONLY IF YOU NEED IT.

   Medicines contain drugs and may be dangerous, because they change the way the body works. There are other ways of making people feel better - a hug, going for a walk, lying down.

4. CHILDREN SHOULD TAKE MEDICINE ONLY FROM AN ADULT THEY TRUST.

   Medicines may be dangerous. Children do not know which medicine to take, nor how much to take. They should not take medicine either from a friend their own age or a stranger.

5. KEEP MEDICINE OUT OF REACH OF SMALL CHILDREN.

   Medicine is often brightly coloured and looks attractive to a young child. Young children cannot tell the difference between candy and pills. To avoid the possibility of young children taking medicine accidentally, it should be stored where they cannot reach it.

6. NEVER USE MEDICINES THAT ARE OUT OF DATE.

   Medicines change over time. If they are old, they may not work in the same way, and may cause harmful reactions.

7. ALWAYS THROW OLD MEDICINE AWAY IN THE TOILET, NEVER IN THE GARBAGE.

   Medicine which is not disposed of carefully may be found by young children and swallowed accidentally.

8. ALWAYS TAKE MEDICINE IN A ROOM THAT IS WELL-LIT WHERE THE LABEL CAN BE CLEARLY READ.

   It is easy to confuse medicines which may look similar. It is also important to be able to read clearly the instructions on the label. The label contains important information about the medicine.

Mistaking Medicines for Candy

A common reason for children accidentally taking medicine is because of its appearance. Many medicines are brightly coloured or are in shapes which are attractive to children, e.g. children's vitamins. Young children are accustomed to thinking that anything which is bright, sugar-coated etc. must taste good and, therefore, is safe to eat. A mistake which adults often make is to encourage children to think of medicine as candy or to suggest that it tastes like candy.

Exlax chocolate laxative is a very good example of candy and medicine looking alike. When asked what the laxative is, children will almost always identify it as a chocolate bar.

If the children find candies, they should not taste them without first checking with an adult they trust if they are safe to eat.

Another danger that children should be aware of is that of accepting candies from a person whom they do not know well. The person may be offering them some kind of pills. Children should be taught to tell an adult they trust about any such incidents.

Different Kinds of Medicines

Depending on the community, medicine is obtained from different sources. In some communities, the nurse or doctor at the nursing station gives out medicine, when it is required; in other larger communities, the doctor will write out a prescription which the person must take to the drug store for the druggist to then give out the medicine. In some communities, local people may use parts of plants or animals from the land and make these into medicines, but there are usually only a few people in the community who have that particular knowledge, and other people would consult with them. All these cautions are observed because of the potential danger of the medicines.

In most communities, some kinds of medicines can be bought over-the-counter at the local store, e.g. Aspirin, cough syrup, etc. Although these medicines are readily available, they too can be dangerous, if not used properly.

It is not necessary for the students to know the vocabulary associated with the different kinds of medicines. It is sufficient for them to understand that there are different kinds of medicines, that we get them from different places and that they may all be harmful if not used correctly.

PRESCRIPTION MEDICINE

* obtained by prescription from medical personnel

NON-PRESCRIPTION MEDICINE

* purchased directly from a store, without requiring a prescription

TRADITIONAL MEDICINES

* obtained from plant or animal sources

- NOTE - Traditional medicine is an integral part of native culture - it should be considered as such and must be treated with respect. Teachers should understand that not all people who are knowledgeable about traditional medicines are willing to discuss them, particularly with non-native people. It is important for teachers to respect such feelings, and where information on traditional medicines is not available from local people, students should be simply made aware that, for some people, this is another source of medicines. Any lesson on traditional medicines should involve local elders or respected community members knowledgeable in this area.

Drug Stores in the N.W.T.

In most communities in the Northwest Territories, drugs are given out by personnel in the nursing stations. The larger communities, however, have drug stores. These drug stores are located as follows:

- YELLOWKNIFE
- INUVIK
- IQALUIT
- HAY RIVER
- FORT SMITH

Corrosive Substances

The Corrosive Warning Sign

The universal CORROSIVE warning sign is:

Examples of products which carry the CORROSIVE warning sign are listed below:

- chlorine bleach
- toilet bowl cleaner
- drain cleaner
- paint stripper
- oven cleaner
- metal polish
- tire cleaner

Important Factors About Corrosive Substances

The most important factors for children to remember when they see a CORROSIVE warning sign are:

- IT MAY HURT THE EYES OR SKIN.
- IT MAY GIVE A PERSON BLISTERS.
- IT MAY BURN THE SKIN.
- NEVER LET ANYTHING WITH THIS SIGN TOUCH YOUR SKIN OR EYES.
- NEVER TOUCH ANYTHING WITH THIS SIGN.

Flammable Substances

The Flammable Warning Sign

The universal FLAMMABLE warning sign is:

Examples of products which carry the FLAMMABLE warning sign are listed below:

- cleaning solvent
- paint remover
- rubber cement
- wood stain
- paint thinner
- fondue fuel
- automobile, snowmobile or motor bike products

Important Factors About Flammable Substances

The most important factors for children to remember when they see a FLAMMABLE warning sign are:

- IT MAY CATCH FIRE.
- IT MAY BURN YOU OR YOUR CLOTHES OR YOUR HOUSE.
- NEVER LET ANYTHING WITH THIS SIGN NEAR HEAT OR FLAMES.
- NEVER PUT NEAR A FIRE.

Explosive Substances

The Explosive Warning Sign

The universal EXPLOSIVE warning sign is:

Examples of products which carry the EXPLOSIVE warning sign are listed below:

- most products in metal containers designed to be released under pressure (spray cans)
- insect spray
- furniture polish
- rug cleaner

Important Factors About Explosive Substances

The most important factors for children to remember when they see the EXPLOSIVE warning sign are:

- IT MAY BLOW UP.
- IT MAY EXPLODE.
- NEVER PUT ANYTHING WITH THIS SIGN NEAR HEAT OR FLAMES.
- NEVER PUT SPRAY CANS NEAR HEAT OR FLAMES.
- NEVER PUT HOLES IN SPRAY CANS.
- NEVER PUT NEAR FIRE.

DRUGS

What Are Drugs?

When someone uses the word 'drugs', many people immediately think of illegal drugs, such as marijuana. The word 'drugs', however, has a much broader meaning.

The simplified definition of a drug is used for the elementary portion of the program:

ANYTHING THAT IS PUT INTO THE BODY THAT MAKES IT WORK DIFFERENTLY.

This would include such products as toothpaste, deodorant, mouthwash, medicines - all of which change the way the body works, and which do, in fact, contain drugs.

Since medicines are often the first drugs with which students may have contact, the concept of what a drug in the broadest sense is begins with a look at medicines. Medicines and the effects they have on a person's body are familiar to the students. Most students will know, for example, that if a person takes an Aspirin for a headache, the usual effect is for the headache to go away. In other words, the Aspirin somehow changes the way the body is working. Students learn that all medicines contain drugs.

Food can also have an effect on how the body works, but it is important to emphasize to students that drugs cause changes that are different from the way the body works NORMALLY. These changes may, or may not, be evident to the eye.

There are many other commonly-used substances which contain drugs and belong to the drug family. These include glue, gas, cola drinks, coffee, chocolate products, tea, cigarettes, other tobacco products, and alcohol.

When teachers are discussing drugs with their classes, some students may list marijuana, cocaine and other illegal drugs. They will often have been exposed to these on television. Although the materials for the early grades do not include references to illegal drugs, teachers should be prepared to include them in a list of members of the drug family, if students themselves bring them up.

The Effects of the More Common Drugs

The effects of drugs on the body (i.e. how they make a person's body work differently) have to be very much simplified for students in the early grades to understand.

The following is a simplified list of the effects of the more common drugs:

i) gas, glue, paint fumes (other solvents)
   - * dizziness
   - * sickness
   - * sneezing, coughing
   - * headaches
   - * strange behaviour

ii) caffeine (found in cola drinks, coffee, tea, hot chocolate, chocolate)
   - * brain works faster
   - * hand shakes
   - * sleeplessness

iii) nicotine (found in cigarettes, tobacco, chewing tobacco, snuff)
   - * brain works faster
   - * coughing
   - * spitting
   - * heart works harder

iv) alcohol (found in all spirits and alcoholic beverages - also found in a different form in substances such as anti-freeze)
   - * brain slows down
   - * slurred speech
   - * difficulty walking properly
   - * strange behaviour

v) medicines
   * the effect of each medicine is different, depending on what drug it contains

Because drugs are able to change the way the body works, they must be handled with care. It is important for students to understand that drugs themselves are neither good nor bad. It is the way in which they are used which determines whether they are helpful or harmful.

WELL-BEING

Well-being is a (w)holistic health term which represents a positive health state in physical, mental, spiritual, emotional and cultural areas. Everyone is located somewhere on the continuum of wellness between a high-level of well-being or death. The choices which a person makes with regard to his/her lifestyle affect that well-being.

The attitudes which a person develops towards potentially hazardous substances, towards medicines and towards other drugs, and the choices which that person makes with regard to these have an impact on his/her well-being.

Prevention is also important in terms of well-being. Prevention is when we take positive steps to stop something from happening, e.g. fire prevention. Although the students may not be familiar with the word 'prevention', they will be familiar with the concept. Knowing and observing the rules for handling medicines, for example, is a behaviour which prevents accidents. This in turn affects the person's well-being; if he were to take too much medicine, he might become ill - this would move him lower down the continuum of well-being. This concept will be important later on when students discuss alcohol and other drugs and the prevention of drug abuse.

People are asked to make decisions on an on-going basis, in terms of their own well-being. In order to make responsible decisions, they have to be provided with accurate information about the possible consequences of that decision. The decision which is made, however, does not depend solely on information, it is also influenced by other people - for example, friends, family, community members - and by other things such as advertising.

There are reasons why people choose to do things, but there are also positive reasons why people choose NOT to do things. Understanding the concept, that people choose NOT to do things because of its effect on their well-being, for example, will later help students to an understanding of why people choose NOT to use, or abuse, alcohol and other drugs.

NWT ALCOHOL AND DRUG PROJECTS

Aklavik Alcohol Action Committee
P.O. Box 27
Aklavik
X0E 0A0

Arctic Red River Alcohol & Drug Program
General Delivery
Arctic Red River
X0E 0B0

Baker Lake Alcohol and Drug Program
P.O. Box 149
Baker Lake
X0C 0A0

Coppermine Alcohol Awareness Centre
P.O. Box 271
Coppermine
X0E 0E0

Delta House
P.O. Box 2304
Inuvik
X0E 0T0

Fort Franklin Basic Awareness Program
General Delivery
Fort Franklin
X0E 0G0

Fort Good Hope Alcohol and Drug Program
General Delivery
Fort Good Hope
X0E 0H0

Fort Liard Alcohol and Drug Program
General Delivery
Fort Liard
X0G 0A0

Fort Norman Drop In Centre
General Delivery
Fort Norman
X0E 0K0

Fort Resolution Alcohol and Drug Program
General Delivery
Fort Resolution
X0E 0M0

Fort Simpson Area Counselling
P.O. Box 470
Fort Simpson
X0E 0N0

Fort Smith Alcohol and Drug Program
P.O. Box 957
Fort Smith
X0E 0P0

Hay River Alcohol and Drug Abuse Program
P.O. Box 338
Hay River
X0E 0R0

Hay River Dene Band -
Alcohol & Drug Abuse Program
P.O. Box 1638
Hay River
X0E 0R0

Holman Alcohol & Drug Program
General Delivery
Holman Island
X0E 0S0

House of Hope
P.O. Box 265
Tuktoyaktuk
X0E 1C0

Igloolik Alcohol and Drug Awareness Program
General Delivery
Igloolik
X0A 0L0

Katimavik Centre
P.O. Box 81
Cambridge Bay
X0E 0C0

Kingnait Aulatsivik
General Delivery
Cape Dorset
X0A 0C0

Knute Lang Camp Project
P.O. Box 27
Aklavik
X0E 0A0

Lake Harbour Katiniit Committee
General Delivery
Lake Harbour
X0A 0N0

Lutsel K'e Drug and Alcohol Program
General Delivery
Snowdrift
X0E 1A0

Northern Addiction Services Rehabilitation Program
P.O. Box 1072
Yellowknife
X1A 2N8

Pangnirtung Alcohol Education Committee
P.O. Box 253
Pangnirtung
X0A 0R0

Peel River Alcohol Society
P.O. Box 99
Fort McPherson
X0E 0J0

Pond Inlet Health and Social Services
General Delivery
Pond Inlet
X0A 0S0

Rae Edzo Counselling Services
P.O. Box 85
Rae
X0E 0Y0

Rankin Inlet Addictions Project
P.O. Box 310
Rankin Inlet
X0C 0G0

Sapuniaqtit
General Delivery
Arviat
X0C 0E0

Spence Bay Alcohol and Drug Education Project
General Delivery
Spence Bay
X0E 1B0

Tree of Peace Alcohol and Drug Program
P.O. Box 2667
Yellowknife
X1A 2P9

Tuvvik
P.O. Box 269
Iqaluit
X0A 0H0

Wrigley Alcohol and Drug Solvent Abuse Program
General Delivery
Wrigley
X0E 1E0

Zhahtie Koe Alcohol and Drug Program
General Delivery
Fort Providence
X0E 0L0

DICTIONARY

accident:	anything which happens unexpectedly and is not planned; the results of an accident could be harmful.
behaviour:	the way someone acts.
bleach:	a poisonous cleaning liquid used to make clothes white.
blister:	a water swelling under the skin.
bug spray:	a poisonous liquid which can be put on bugs to kill them.
cabinet:	is a safe place to keep things; it has shelves and a door; a 'medicine cabinet' is a safe place to keep medicines.
cigarette:	has a drug in it; it is tobacco rolled in paper; the rolled tobacco can be burned and the smoke sucked through the mouth and breathed out again.
cleanser:	a liquid or a powder substance used for cleaning; it can be harmful if not used in the right way, and usually has a sign on it to tell you how to use it.
corrosive:	being able to eat away something; for example, the rust is corrosive, that is, the rust is eating away at the car.

cough syrup:	a liquid medicine used when a person is sick with a cough; directions for safe use are printed on the bottle.
dangerous:	any action which makes a situation not safe.
drug:	anything that is put into the body that makes it work differently.
drug store:	a store where you can buy medicines and other things such as soap, toothpaste, kleenex, candy.
explode:	to burst into pieces, to blow up.
explosive:	capable of bursting into pieces, of blowing up.
flammable:	capable of catching fire easily.
fumes:	a strong smelling gas or smoke.
ear drops:	a liquid medicine put into the ears when a person is sick with an ear ache or a cold.
Ex-lax chocolate laxative:	a medicine taken to cause a bowel movement; the chocolate covering on the medicine is to make it taste better.
glue:	a substance used for sticking things together; it can have harmful or unsafe fumes.
hazard:	risk or danger.
hazard warning signs:	tell you the substance can be dangerous; the sign means there is a rule to follow to use the substance safely.

identify:	to find out who or what someone or something is; to be able to tell things apart.
label:	a piece of paper or card stuck on something showing what it is, and what it should be used for.
medicine:	a liquid or a pill taken for an illness; medicine can be harmful if not used safely.
non-prescription:	medicines which we can buy in the store without the doctor's permission.
Nursing Station:	a place where people can go if they are hurt or feeling sick; the nurse will look closely at the person to find out what is wrong, and may give the person medicine.
ointment:	a soft greasy substance used for healing cuts and sores.
permission:	written or spoken words that allow someone to do something.
pharmacist:	knows a lot about medicines; a pharmacist gets directions from a doctor on which medicine to give someone who is sick.
pills:	a little tablet or ball of medicine to be swallowed.
poison:	anything which is unsafe to taste; a poison may cause serious illness or death.
poisonous substances:	substances which are unsafe to taste; and may cause serious illness or death.

poison warning sign:	shows that people should not taste, eat or drink the substance with the sign on it.
prescription:	a piece of paper with the name of the medicine and how much and how often the sick person has to take it; the doctor gives the sick person the prescription, and it allows the person to buy the medicine.
prevent:	something that could be done to stop something from happening; for example, brushing your teeth every day could stop tooth decay and toothaches.
responsible:	able to be trusted.
rules:	tell you what to do and what not to do; rules are needed to know what to do with medicines and unsafe substances.
storage:	a place for keeping things safely away.
store:	to keep something safely away.
substance:	any material; what a thing is made of; for example, the bottle is full of a sticky substance.
swallowed:	to allow food or liquid or medicine to pass down the throat.

traditional:	something that has been passed from parents to children; something done over and over; 'traditional medicine' is from the land. In some communities, if someone is ill, he/she would go to one of the old people who knows about land medicine, and the old person would pick some of the plants from the land or find a particular part of an animal and would make medicine from it.
unconscious:	a person is alive and breathing but is stunned and not able to see or feel anything.
well-being:	- is how a person feels about himself/herself and the world around him or her. - a person's overall feeling about his or her physical and mental health. - the state of a person's physical and mental health.

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